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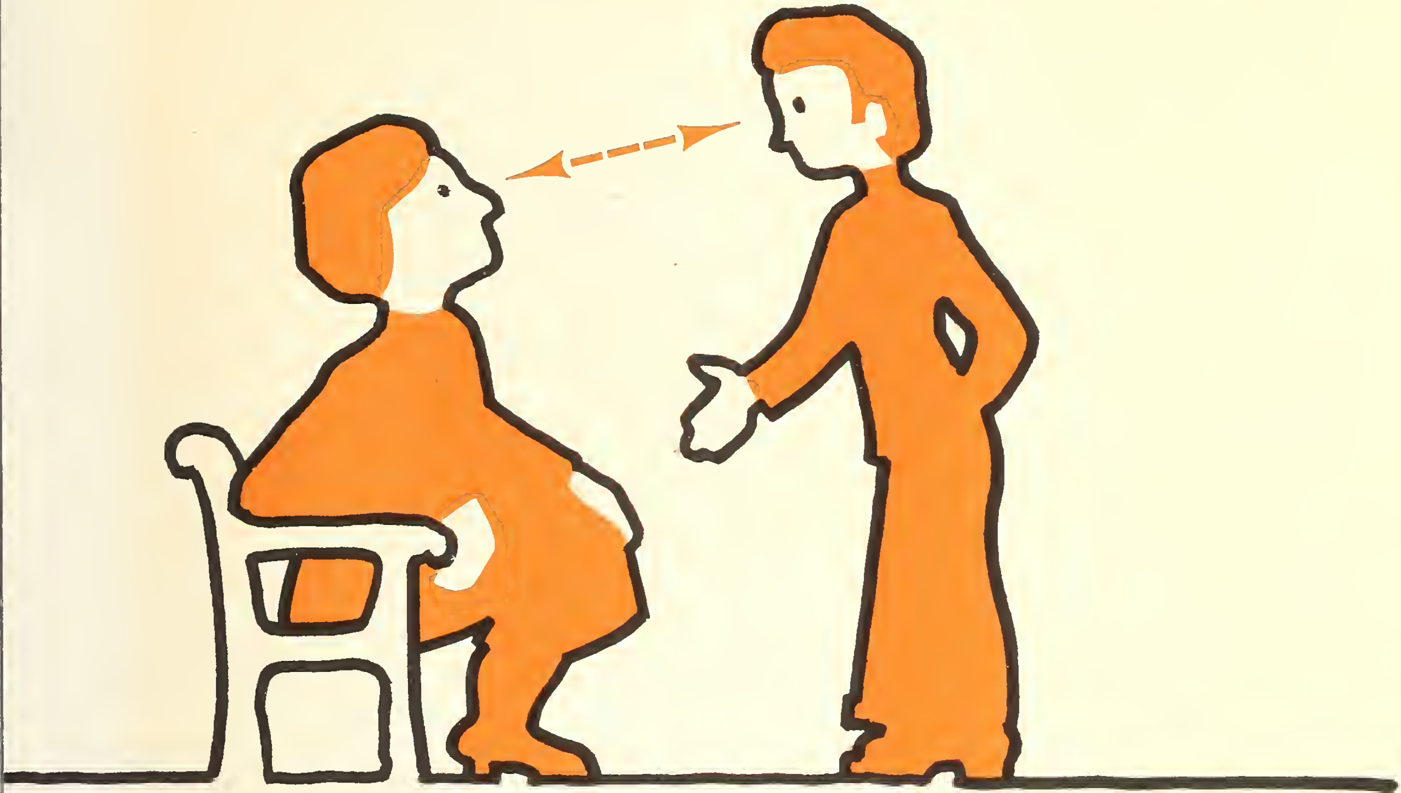

THE PARENT COMMUNICATION PROJECT

A Longitudinal Study of the Effects of Parenting Skills on Children's Use of Alcohol

FINAL REPORT

by Martin Shain, Helen Suurvali, and Heather Lee Kilty

ADDICTION RESEARCH FOUNDATION
Toronto

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THE PARENT COMMUNICATION PROJECT

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A LONGITUDINAL STUDY OF THE EFFECTS OF PARENTING SKILLS ON CHILDREN'S USE OF ALCOHOL

by

Martin Shain

Helen Suurvali

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ADDICTION RESEARCH FOUNDATION

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I INTRODUCTION

This paper reviews the results of a four-year longitudinal study of participants in a series of Parent Communication Courses run in the Niagara Counties by or under the auspices of the Addiction Research Foundation. These courses were each about 20 hours long spread over 10 weeks. The course content was modeled to a large extent on Gordon's "Parent Effectiveness Training" (Gordon, 1970), but also drew on a number of other sources, among them Ginnott (1969), Satir (1972), Simon et al. (1972), and Berne (1964). To a large extent, the trainers were volunteers who had been trained themselves by Addiction Research Foundation staff. The research on the course was directed by the Evaluation Studies Department of ARF and was implemented by staff and volunteers associated with the St. Catharines Centre of the same organization. The course itself and preliminary results, prior to follow-up and prior to the systematic use of a comparison group, have been reported elsewhere, together with the background to the study (Shain, Riddell, Kilty, 1977). The present report contains an analysis of data gathered from a follow-up of the course participants and their children and compares these outcomes with those discernible in a comparison group and their children. The general approach, therefore, has been quasi-experimental.* The object of the exercise was to determine whether the transmission of certain human relations skills to trainee parents could affect the decisions made by their children concerning the use of alcohol, tobacco, and other drugs although it was found that only alcohol use could be assessed with any significant degree of meaning. The skills monitored among parents were those of active-listening, constructive confrontation, and problem-solving. This process required the adaptation of existing psychometric techniques for purposes of measurement of these skills and the construction of new techniques which are still in need of further development. Children's perceptions of such skill development as took place among parents were monitored similarly by conventional psychometric methods and by newly developed techniques, described herein.

Overview of Results

The data appear to support the following broad conclusions.

(1) The courses appeared effective in producing at least short-term positive changes in both the skill levels of the parents and in how their children perceived the quality of family life. The evidence for this lies in the comparison of two experimental groups with the comparison group over three test administrations.

(2) The fact that we had an "old experimental group" (1974-1975) and a "new experimental group" (1975-1976) provided us with an opportunity to study the durability of these changes. It appeared that the dramatic improvements in active listening noted among old experimentals by the end of the courses did not survive the two years until follow-up. In fact, at follow-up the respondents' skills had returned to pre-course levels. Among the new experimentals, however, the skills in question were still significantly greater than at baseline, one year after the courses. At follow-up certain other skills --constructive confrontation and problem-solving--were assessed. It appeared that both experimental groups were more proficient in the use of these skills than the comparisons. It could not be claimed on the basis of available data, however, that these differences were a result of the course, since the skills in

question were assessed only on a post hoc basis. Nevertheless, the exercise of these skills was shown to be associated with abstinence from the use of alcohol among the younger children in the sample. It must be stressed, however, that abstinence was not the goal of the course. Rather, it was the development of familial conditions under which it was hoped that more aware decisions would be made by children about their use of substances. Further, the exercise of parental skills such as Constructive Confrontation and problem-solving were found to be associated with children's non-use of alcohol only when the parents themselves were abstainers: if they were drinkers, or even if close family members were drinkers, the effect of the exercise of these skills was to potentiate the use of alcohol by the children. This is further elaborated below.

The changes noted in children's perceptions of family conditions appeared to be more numerous and longer-lived in the case of the experimentals than in the case of the comparisons. It appeared that the course affected such perceptions through processes captured only indirectly by the present study.

(3) Although the data on children's use of alcohol must be treated as preliminary, there were some interesting trends worth noting. These comments pertain only to the old experimental and comparison groups, since the new experimental children reported so little use of alcohol (or any other substance) that a study of its correlates would have been meaningless.

It appeared that when all and any use of alcohol was considered, the old experimentals, at the time of follow-up, were greater "users" than the comparisons. It must be emphasized that often "use" can and does mean very little use in the present study. Nonetheless, there appeared to be a relationship between exposure to the course and likelihood of such use. The process seemed to be one in which the modeling of alcohol and tobacco use by parents was potentiated by the course, at least over the time period monitored. It is of the utmost importance to note, however, that these findings were entirely consistent with the theory underlying the course. The theory proposed that parental values and, evidently, parental behaviors were made more legitimate and were rendered more likely to be copied by children if communication was of a certain "positive" type. The course sought to augment the communicative processes in a family. Consequently, if mom and dad smoked and drank, it was more likely that their children would smoke and drink as communication improved. Conversely, if parents were abstinent, children were less likely to drink in circumstances where the skills taught in the course were practised. However, since abstinence was less common than some level of use, this effect was seen less often. In short -- from an objective point of view--such findings were evidence of the course's effectiveness. The results were not, therefore, too surprising. It is likely, however, that other processes were at work in addition to the one noted above. Realistically, the course did not always have its intended effects. Sometimes acceptance was perceived as laxness and a reduction in intrusiveness was seen as reflecting a laissez-faire attitude. Consequently, it is possible, as further research may reveal, that experimentals smoked and drank more irrespective of the parents' model. More than one process may have been involved--namely, the presence of a "model-potentiating" effect and the presence of a response to perceived laxness and liberalism. Furthermore, peer and other social pressures naturally had an effect. Even so, the present study serves to locate parental influence at a central point in the interaction of these other factors.

(4) An unexpected finding was that children who had experimented (albeit infrequently) with alcohol tended to perceive their families in a less positive light than children who had never experimented. Further, it appears that active listening levels were higher among families with non-drinking children (at least among the old experimentals) than among families with children who had experimented with alcohol. This gap between the two types of families appears to have been reduced over time in the case of the old experimentals, but not in the case of the comparisons, suggesting that the PCP courses were instrumental in achieving this effect.

(5) The results so far suggest that two elements in course management might be considered as candidates for critical review: (a) the absence of a "reinforcer" or "refresher" course at about six to nine months after the first course is finished; * (b) the need to emphasize the role of parent modeling in the area of alcohol use.

It would be most unfortunate if the results outlined above were to be perceived in a negative light. Clearly, caution is indicated, but the course is evidently powerful and should receive much more support, if only to find out more about it. It should not be expected that the habits of a lifetime can be diverted in 10 easy sessions. More reasonable is the expectation that boosters will be needed from time to time after the initial "dose." Too many promising interventions have failed to receive further support because they did not work miracles in unrealistically short periods of time.

II LITERATURE REVIEW

Programs for helping parents improve their relationships with their children have been a fairly recent phenomenon which shows signs of continuing to increase in prevalence. Renz and Cohen (1977) classify these intervention programs into four basic groups: didactic, which concentrates on presenting information about parenting problems; group discussion, which allows parents to discuss the difficulties they have with their children; behavioral modification, which includes learning and reinforcement techniques; and training, which often contains elements from the other three types of programs. According to these authors, the last approach seems to have been the most successful. Parent Effectiveness Training or PET, developed by Thomas Gordon (1970) and supposedly the "largest commercial parenting program presently available" (Addictions Prevention Laboratory, 1977), is one example of this type of program and basically the one to be examined more closely in this study. The standard PET courses consist of eight three-hour weekly sessions during which parents learn about and practise using skills such as "active listening," non-blameful, constructive forms of confrontation, and the "no-lose" method for resolving conflicts. Gordon (1970) suggests that the techniques presented in his courses, if adopted by the parents, should "bring parents and children closer rather than grouped against each other as hostile antagonists" (p.9) while at the same time showing parents how to encourage their children "to accept responsibility for finding their own solutions to their own problems" (p.7).

Research dealing with Parent Effectiveness Training has not been very prolific and most of what does exist is unpublished. However, Rinn and Markle (1977) have compiled a thorough though exacting review and critique of studies investigating the outcomes of PET programs. They categorize these studies into two groups according to methodology. The first group of five articles are classed as "Single-Group Outcome studies" which involve "an examination of treatment effects on a single group of subjects using the pre-post test model" (p.97). The remainder are "Control-Group Outcome studies" which involve "a treatment group and one or more no-treatment and/or other-treatment groups, usually (but not necessarily) employing pre- and post-test measures" (p.97). The subjects who were exposed to the PET courses and alternative treatments in the studies reviewed included parents, hospital staff, and children.

In general, Rinn and Markle are not impressed by the outcome research on PET. They consider it to be "limited in scope and inadequate in design" and state that "of the studies reviewed none possessed the methodological rigor necessary for informed judgments regarding the effectiveness of the technique as a parent-training strategy" (p.105). However, they qualify this by admitting that such inadequacies are very common in any research on effects of psychotherapeutic interventions. Specifically, they find the most typical shortcomings of the outcome studies on PET to be: "(1) a lack of random assignments of subjects to treatment conditions; (2) a strong reliance on self-report data at the expense of objective behavioral measures; (3) inappropriate statistical procedures, e.g. the use of post hoc comparisons in the absence of significant main effects and interactions; (4) the absence of adequate control groups, e.g. a no-treatment control and a placebo control; (5) a disregard for problems surrounding experimenter bias and demand characteristics; and (6) an absence of long-term follow-ups, e.g. six to 18 months" (p.105). Other problems appear in the discussions of the individual articles. Keeping in mind the inadequacies listed here, the results from the various studies have been mixed. While some did show signs of improvement in parent-child relationships after the PET course was administered, Rinn and Markle feel that the data "do not support the assumption that Parent Effectiveness Training is effective" (p.105).

However, they encourage the undertaking of further research to evaluate PET and outline what could be considered their ideal study on the topic. Such a study would examine both process and outcome variables. "A process evaluation would determine the degree to which PET concepts are presented by the instructor, learned by the parents, and actually applied by the parents" while the outcome evaluation would try to answer the questions: "(1) Do parents' attitudes and feelings toward their children change; (2) Do children's attitudes and feelings toward their parents change; and (3) Do children's behaviors change?" (p.106). Process evaluation might well involve comparisons of the instructor's approach with a checklist of necessary course components, observation of parents interacting with a child (own, video-taped, or confederate) and home observations. The outcome evaluation would use a standard instrument that measures parents' attitudes and feelings towards their own children (a semantic differential is an alternative); a similar instrument to measure children's attitudes and feelings towards their parents; and home observations to examine changes in children's overall behavior or in a few chosen behaviors. Besides the standard PET group there would also be a no-treatment control group and a placebo control group. All dependent measures would be administered twice, before and after the "treatment." Naturally an effort would also be made to avoid any of the pitfalls already ascribed to the currently existing studies.

The fulfillment of all these criteria for the ideal research would be a rather tall order, given the practical problems inevitably encountered in investigations which are not restricted to a laboratory setting. In the present study, some though definitely not all of Rinn and Markle's suggested requirements were met. However, in spite of being unable to lay claim to the "perfect research study," the authors considered that their study does contribute something new to the field of PET evaluation.

Methods of the Present Study in the Context of the Literature

The study to be discussed in this paper had a quasi-experimental design (Campbell and Stanley, 1966). In this type of design, there is the experimental group (in this case the parents exposed to PCP[1] courses) and a comparison group which is similar to a control group except that the subjects comprising it are selected rather than randomly assigned. Here the participants in the no-treatment comparison group were chosen from people on waiting lists for future PCP programs and from neighbors of those in the experimental groups. Follow-up was a very important component of this investigation with one of the two experimental groups being re-contacted approximately two years after exposure to the course and the other one having a final administration of the dependent measures about one year after the course. This represents a considerable extension of the period over which it appears most courses of this nature have been assessed.

Several types of independent, intervening, and dependent measures were employed. Basic descriptive information (e.g. family size, occupation, previous exposure to similar courses) was collected from each parent. A key parental communication skill--"active listening"--was measured by means of a 10-item questionnaire (Angus, 1975) in which parents' written responses to child-parent situations were scored for the presence of elements of active listening before and after the course and at follow-up. As an example of process evaluation, the Active Listening Form examined the extent to which parents had absorbed the skill of accurately reflecting the emotional and cognitive content of their children's statements, declarations, and outbursts. Children of the experimental and comparison parents completed three administrations of the Children's Report of Parent Behavior Inventory (CRPBI) (Schaefer, 1965). This measure of children's perceptions of various "conditions" created by their parents--e.g. acceptance, rejection, intrusion, involvement--has been used in several other evaluations of PET (Lillibridge, 1971; Peterson, 1971; Hanley, 1973; Andelin, 1975) all of which are discussed in Rinn's and Markle's article.

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[1] PCP refers to Parent Communication Project and is the name used in this study for the courses. These courses were based mostly on the original PET but some other consistent ideas and exercises had also been integrated into them. A good outline of the PCP programs can be found in Shain, Riddell, and Kilty (1977). Although strictly speaking, the fact that the courses here were not identical to Gordon's PET might limit the comparability between the present research and other studies done on the PET, the authors think that the content, intent, and teaching approach of the two sets of training programs were close enough to warrant considering this investigation as one carried out on PET itself. Also, the authors were interested not so much in the details of how the course was taught (which admittedly is a process variable that was ignored here) but more in whether the parents learned, retained, and used the basic skills presented to them, and whether these skills had any impact on their children, especially with respect to their decisions about trying tobacco, alcohol, and other drugs. In addition, it should be remembered that each individual course leader, both in the present study and other studies, would bring new and different elements into his or her presentation of the course, depending on his or her past experiences, knowledge, and perceptions of what types of information are most valuable.

At follow-up, both parents and children participated in an interview the results of which were often recorded on tape as well as in writing. In both the parents' and children's interviews, the respondent answered questions relating to specific parent-child interactions which he or she recalled as having occurred during the last year. The answers were then scored for the presence of three of the skills taught in PCP: active listening, constructive confrontation (i.e. using "I-messages"), and problem solving (i.e. the "no-lose" method of resolving conflicts). Again this was an assessment of process variables with emphasis on day-to-day application of skills. The experimental parents were also requested to discuss their own experiences with and feelings about the PCP course and the skills taught there, and to note when, if ever, they made an effort to put their knowledge to use.

The measures mentioned so far deal with the interpersonal impact of the courses. There was also a more specific area of concern: children's experimentation with alcohol, tobacco, and other drugs together with their parents' attitudes towards the use of these substances. The intention was to discover if improved communication at home had any effect on whether or not children tried these substances. A section of the Children's Interview Form presented questions dealing with the children's exposure to alcohol, cigarettes, and other drugs. Also included were questions on use by other family members. The "Survey of Attitudes Toward Drug and Alcohol Use" (Shain, 1974; Goodstadt, 1974) was the instrument employed to examine parent's opinions and feelings about substance use. It was administered only twice -- before and immediately after the PCP course. A related area of interest had been explored by D'Augelli and Weener (1975) who found that parents who acquired communication skills through a parent education program improved in their ability to deal with potential drug situations arising with their children. The program reported by these authors was called "Communication and Parenting Skills" (CAPS); it was developed at the Addiction Prevention Laboratory at the Pennsylvania State University and drew on several sources, including Gordon's PET (Addictions Prevention Laboratory, 1977). Another program, labeled "Since You Care" and also relying on a number of techniques including Gordon's, was originated by the Erie County Council on Prevention of Alcoholism and Drug Abuse in Pennsylvania (Addictions Prevention Laboratory, 1977). Thus it appears that the relevance of improved parent-child relationships to preventing children's substance use has not gone unnoticed.

One of the authors of the present study was also involved in an earlier assessment of the PCP program in the same city (Shain, Riddell and

Kilty, 1977).[2] This preliminary research did not include a follow-up and thus some of the measures used here did not appear there. However, the Children's Report of Parental Behavior, the Active Listening Form, and the Survey of Attitudes Toward Drug and Alcohol Use were common to both studies. The previous research also looked at changes in parents' attitudes towards child-rearing with the Parental Attitude Research Instrument (P.A.R.I.) (Schaefer and Bell, 1958). The results did suggest some changes associated with exposure to PCP but because of poor control groups and an apparent ceiling effect in some of the data, nothing definite could be concluded. However, the idea of relating improvements in intra-familial communication due to PCP and children's decisions about substance use evolved from that investigation.

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[2] One of the experimental groups in the present study (the "old experimentals") was also included in the earlier study. The first and second administration data was collected for the previous investigation and re-used in the research reported here.

III THE STUDY

Description of the Study Groups

The study involved three groups: two experimental and one comparison. The first experimental group, called the "old experimentals," consisted of 24 parents who had attended various parent communication training programs in the St. Catharines--Niagara Falls area in the fall of 1974 and winter of 1975. These subjects were drawn from four separate programs which were basically the same in content but were held at different times and locations. Of the 24 parents, four had attended one program, 10 the second, six the third, and four came from the fourth. The second experimental group, called the "new experimentals," was made up of 29 parents who had attended one of nine similar courses in the same general area in the fall of 1975 and winter of 1976. Two of these courses provided one participant each, four contributed two each, and the remaining three contributed four, seven, and eight respectively. The 47 parents forming the comparison group did not attend any parent communication training programs. They were selected in 1976 from people on waiting lists for future programs and from neighbors of those in the experimental groups. All three groups originally contained more subjects: the dropouts from the courses as well as elimination due to very incomplete data reduced the numbers to those stated above.

Basic descriptive information, consisting of variables such as sex, educational level, marital status, number of children, ages of children, occupation, previous exposure to any parent communication training type courses, and books read that pertained to the ideas presented in the courses, was collected on each respondent. This information is summarized in Table 1.

TABLE 1

FREQUENCIES - BASIC DESCRIPTIVE INFORMATION

VARIABLE	OLD EXP'L	NEW EXP'L	COMPARISONS
	n=24	n=29	n=47
SEX:			
Males	20.8%	17.2%	31.9%
Females	79.2%	82.8%	68.1%
EDUCATION:			
Public school	0.0%	0.0%	6.4%
High school	66.7%	53.6%	66.0%
College (inc. nursing, teaching)	20.8%	14.3%	14.9%
University (some or completed)	8.3%	14.3%	8.5%
Other	4.2%	17.9%	4.3%
MARITAL STATUS:			
Married	95.8%	96.4%	95.7%
Single	4.2%	3.6%	4.3%
NUMBER OF CHILDREN:			
One	4.2%	10.7%	4.3%
Two	29.2%	14.3%	27.7%
Three	54.2%	35.7%	40.4%
Four	8.3%	21.4%	21.3%
Five	4.2%	7.1%	2.1%
Six	0.0%	7.1%	4.3%
Seven	0.0%	3.6%	0.0%
AGE RANGE OF CHILDREN:			
All under 5 years old	0.0%	3.6%	0.0%
Between 5 and 10	16.7%	14.3%	2.1%
All under 10	8.3%	10.7%	2.1%
Between 11 and 15	16.7%	0.0%	10.6%
All under 15	33.3%	50.0%	46.8%
All under 20	25.0%	17.9%	34.0%
Over and under 20	0.0%	3.6%	4.3%
PREVIOUS EXPOSURE TO SIMILAR COURSES:			
Previous exposure	18.2%	28.6%	0.0%
No previous exposure	81.8%	71.4%	100.0%

Cont'd ...

TABLE 1 - Cont'd ...

VARIABLE	OLD EXP'L	NEW EXP'L	COMPARISONS
	n=24	n=29	n=47
OCCUPATION:			
Housewives	41.7%	53.6%	44.7%
Nurses	12.5%	17.9%	2.1%
Office workers	8.3%	7.1%	8.5%
Teachers	4.2%	0.0%	14.9%
Social workers	0.0%	7.1%	0.0%
Professionals	0.0%	10.7%	4.3%
Sales	12.5%	0.0%	12.8%
Other	12.5%	3.6%	10.6%
Not stated	8.3%	0.0%	2.1%
RELEVANT BOOKS READ:			
1) PET (Gordon)	4.3%	21.4%	0.0%
2) Between Parent and Child, etc.	0.0%	7.1%	0.0%
3) I'm OK, You're OK	0.0%	0.0%	0.0%
4) Combination of #2 and #3	0.0%	3.6%	0.0%
5) Other	0.0%	3.6%	0.0%
6) Some, no specific titles	26.1%	0.0%	0.0%
7) None	69.6%	64.3%	100.0%

No statistical tests were done to see if there were any significant differences among the three groups on the basis of these descriptive variables. However, a visual examination of the percentages did reveal a few differences.

With respect to sex, the majority of respondent parents in each group were women. The comparisons had the most men--32% against the 17% and 21% in the two experimental groups. In most cases, the men participated in the study (and in the PCP courses, in the case of the experimentals) together with their wives. Neither of the two experimental groups had any male members whose wife was not also in the program. A few such solitary men appeared among the comparisons, making up 8.5% of the group (not including men whose wives had, at some time, been part of the study). Over half of the participants in all groups were women whose husbands did not take part in the study: 53.2% of the comparisons, 58.6% of the new experimentals, and 50.0% of the old experimentals. These percentages did not include a few women whose husbands had joined the study at the beginning but dropped out early (see Table 2 for raw frequencies).

There was some question over how to consider these dropout cases. One argument was that these men did not receive the full benefit of the PCP program and their wives could, therefore, be considered in the "mothers only" group. In this case, the percentages of "mothers only" would rise to 58.3% for the old experimentals and 65.5% for the new experimentals. On the other hand, it could be said that these fathers did get some exposure to the skills and some of them may actually have completed the program but simply were not available for follow-up. Then, the wives of these men should be in the "both

TABLE 2

RAW FREQUENCIES--WHO PARTICIPATED IN STUDY

	OLD EXPERIMENTALS	NEW EXPERIMENTALS	COMP.
Mothers only in program.	12	17	25
Fathers only in program.	0	0	4
Both definitely in program.	10	10	14
Mothers whose husbands were once in program but dropped out.	2	2	0
Fathers whose wives were once in program but dropped out.	0	0	4
TOTAL N	24	29	47

parents in program" category, in which case the first set of percentages for "mothers only" would remain most relevant. In either instance, it appears that half or more of the women who completed the PCP courses (i.e. those in the two experimental groups) did not have husbands who shared their training (either because of lack of interest or lack of time).

The comparison group was unique in having any subjects with only a public school education. However, the percentage was very small--only 6%. Most parents in all groups had achieved a high school education (54% to 67%). The new experimental group had a somewhat higher percentage in the "other" education category than the two remaining groups (18% against 4% among both the old experimentals and the comparisons). Unfortunately, many of the subjects who chose this category did not specify exactly what their "other education" consisted of but it seems reasonable to assume that it does at least refer to some form of post-high school training. If this is assumed, the new experimental group leads with 46.5% of its members having received post secondary schooling; the old experimentals are next with 33.3%; and the comparisons are last with 27.7%.

Ninety-six percent of all three groups were married. Every subject had at least one child. In each group the most predominant number of children was three (36% in the new experimental group, 40% in the comparison group and 54% in the old experimental group). However, the new experimentals had the largest families overall (75% with three or more children) followed by the comparisons and old experimentals (approximately 67% of each having families with more than three children).

The two experimental groups were similar with respect to the age ranges of their children. Those among the comparison group, however, were a little older. While among the two experimental groups 79% (new) and 75% (old) of the parents had no children older than 14 years, this was the case in only 62% of the comparison families. The difference is greater when one considers parents with no children over the age of 9. Here the two experimental groups exhibited frequencies of 29% (new) and 25% (old) but the comparison group reached a mere 4%. The fact that the comparisons had somewhat older families did not reflect itself in the age of the children who actually responded in the study. Of the participating children whose ages were determined (the age of a few children was not recorded), 13% of the comparison group, 17% of the old experimental group and 0% of the new experimental group were 15 years old or more at the time of the first administration of the questionnaires.

As expected, none of the comparison parents stated any previous experience with parent-child type courses. In the new experimental group, however, 29% (over a quarter) had had such courses and of the old experimental group, 18% had participated in such training. Similarly, the comparisons did not indicate having read any books dealing with parent-child relations while among the old experimentals and new experimentals, 30% and 36% respectively did mention reading such books. The most popular book, at least among the new experimental parents (the old experimentals usually did not specify the titles of the books they had read), was Dr. Thomas Gordon's Parent Effectiveness Training. This book was also the most important single source for materials used in the PCP courses.

The single largest occupational group among the comparison and experimental respondents were housewives (42% to 54%). The two experimental groups had more nurses than the comparisons (18% and 13% vs 2%), while the comparisons led in teachers (15% vs 4% and 0%). If one adds the percentages for social workers, other professionals, and teachers, the old experimental group comes out at the bottom with 4.2%, while the other two groups are higher and fairly similar to each other (17.8% new experimentals; 19.2% comparisons). If nurses are also added, the new experimental group starts to lead with 35.7% while the comparisons are raised slightly to 21.3% and the old experimental group goes to 16.7%. These job categories (social workers, other professionals, teachers, and nurses) could all be lumped under the label "professional." Thus, one could say that the new experimental group seems to have a higher percentage of professional or "high status" jobs than the other two groups.

As already mentioned, no statistical tests of significance were done on this basic information data, so that the differences noted must be regarded as having a descriptive rather than confirmatory status. However, these apparent differences helped to create a picture of the three groups involved in the study, which may be sketched as follows. The new experimental parents seemed more likely to have received post-secondary education than the parents in the other groups; they also contained a higher percentage of professionals; they had the highest percentage of families consisting of more than three children; and of the children who participated in the study, theirs tended to be younger than those of the other two groups. The old experimentals had the lowest percentage of families with more than three children. The comparison group included the most fathers;

and the families here tended to be somewhat older than those of the other two groups.

Comparisons Not Based on Children's Substance Use

1. Comparison of Subjects Who Were Followed-Up with Those Who Were Not

As is usually the case in longitudinal studies, not all of the original subjects were available for (or willing to participate in) follow-up. Often in such circumstances, differences have been found to exist between those who were followed-up and those who were not. In this case, it was decided to compare the two on the basis of the familial and socio-economic characteristics already examined for all the subjects to see whether there were any obvious traits that distinguished those with whom contact was maintained until the end from those who disappeared from the study before its completion. "Follow-up" in this context refers to the third administration of the measures employed in this study. The sample sizes cited at the beginning of Section 3 are those which hold for people who completed the first (pre-course) and second (post-course) measures. The following attrition rates, then, refer to losses occurring between the second administration of the tests and the long-term follow-up.

In the new experimental group, four out of the 29 subjects were not followed-up. Although four people is a small number for making meaningful comparisons, it is still worth noting any obvious deviations from the majority of subjects in the group (i.e. those that were followed-up). Family size and age were two variables in which a difference did appear. It was mentioned earlier that the new experimental group had a preponderance of families of more than three children and among the cases who were followed-up, only 21% had no children over the age of nine. However, none of the not followed-up families contained more than three children, while three of them (75%) had no children older than nine. With regard to occupation, the lost people all worked outside the home (compared to 37% of the rest of the group) and 75% had jobs that could be classified as "high level" (29% of the remainder of the group). (As mentioned before, the entire new experimental group had a higher percentage of professionally employed people than the other two groups.) None of the other basic descriptive characteristics showed important differences between the four not followed-up cases and the remainder of the new experimentals.

The old experimental group had only one parent that was not followed-up. This was a result of the way in which the cases were chosen for the main data file (based on those who already had reasonably good follow-up information) rather than being due to extraordinarily successful contacting procedures. Of course no meaningful comparisons can be done with one subject.

In the comparison group, 14 subjects were not followed-up (out of a total of 47). These 14 were somewhat more likely to have had post-secondary education (college, university, and other) than the rest of the group (36% vs 24%). They were also more inclined towards families of more than three children (36% vs 24%). Among those who had some children over the age of 15, the age range for the children of the not followed-up families had a higher maximum (over 20 years) than that of the followed-up families (where it remained below 20). Compared with the followed-up cases, subjects not followed-up were less likely to be housewives (36% vs 49%) and more likely to be in a professional job (nurse, teacher, other professional (36% vs 24%)).

From this analysis, the lost cases appear to have been somewhat different from the ones with whom contact was maintained. The tendency towards being in professional jobs among the not followed-up people was common to both the new experimental and comparison groups. However, family size seemed to go in more or less opposite directions for the two groups, with the new experimental lost cases having smaller families and the comparisons having larger families.

It is difficult to explain how family size and age of children could have affected the contacting of the parents (especially since the direction of the trend was not always the same for the two groups), but it does seem conceivable that some busy professionally employed parents might not have had the time to fill out the follow-up forms or to allow a personal interview to take place.

Just as differences seemed to exist in background characteristics between subjects who were followed-up and those who were not, it was considered of some value to check whether differences also appeared in the communications skills of these parents and in the children's perception of their relations with their parents.

The principal "before and after" measure of parental communication skills was a questionnaire with 10 different parent-child test situations to which the parent had to provide a written reaction (Angus, 1975). These responses were scored for the presence of elements of active listening. A parent's total score for a particular administration of the form could range from 10 to 30 (the individual questions could receive a score between one and three). Three administrations of the form, which will now be referred to as the Active Listening Form, were to be conducted with each parent. A more detailed description of the derivation, content, and scoring of the form is to be found in Shain, Riddell, and Kilty, (1977). It should be noted that two versions of the form were used in both studies to prevent parents from simply learning a good response to a specific situation. A comparison of scores for the two forms on the first administration in the previous study led to the conclusion that the two sets of questions were equivalent.

Table 3 presents the mean total scores and variances for the three administrations of the Active Listening Form. Separate figures are provided for all subjects in a group, for those subjects who were followed-up and for those who were not. There appear to have been no differences worthy of note according to follow-up status.

2. Baseline Active Listening Scores

The first administration (baseline) scores of the Active Listening Form were lowest for the comparisons (11.8), in the middle for the new experimentals (14.1), and highest for the old experimentas (15.7). T-tests were done between the comparisons and old experimentals, but only on subjects who had complete sets of CRPBI data (CRPBI will be discussed later in this report). These tests indicated that the difference was significant at .001 (two-tailed probability). The main point of interest is that the three groups started out at different levels in relation to communication skills, with the experimental groups (who were interested in improving their skills) already higher than the comparisons. Some differences were also apparent in the variances, with the comparisons being the lowest (least range of response scores) and the new experimentals the highest (greatest range of scores). Thus, of the three groups, the new experimental group probably contained the greatest variety of skill levels.

TABLE 3

MEANS AND VARIANCES IN ACTIVE LISTENING RESPONSES

(All Subjects Are Broken Down According to Follow-Up Status)

	OLD EXPERIMENTALS			NEW EXPERIMENTALS			COMPARISONS		
	All	Followed Up	Not Followed Up	All	Followed Up	Not Followed Up	All	Followed Up	Not Followed Up
Administration: 1									
Mean	15.7	15.7	Missing	14.1	14.2	13.3	11.8	11.5	12.4
Variance	8.0	8.0	Missing	15.2	16.8	6.9	2.7	1.4	5.3
Administration: 2									
Mean	26.2	26.2	Missing	21.0	21.0	21.0	11.5	11.5	11.6
Variance	24.5	24.5	Missing	14.6	13.8	25.5	2.7	1.3	6.4
Follow-Up:									
Mean	14.3	14.3	Missing	19.5	19.5	--	11.9	11.9	--
Variance	18.2	8.2	Missing	19.8	19.8	--	5.5	5.5	--

3. Baseline CRPBI Scores

The children's perception of their parents was examined by means of an instrument called the "Children's Report of Parental Behavior Inventory" (Schaefer and Bell, 1958), which was also administered three times. The children filled out a separate form for each parent, whether or not both parents were enrolled in a PCP program (in the cases of the experimental groups). Table 4 presents the mean subscale scores for the first administration of the CRPBI, first for all subjects in each group and then for the subjects according to whether or not they were followed-up.

As can be seen, several variations occurred in means between the followed-up parents and those who were not followed-up. Although there were only four people in the new experimental group who were not followed-up, it appears that the children of these four subjects perceived both their parents in a somewhat more negative light, especially in terms of higher control of various types, than did the children of the rest of the new experimentals. Among the comparisons, the reverse seemed to be the case, with the children of the not followed-up subjects seeing their parents a little more positively, where the terms "positive" and "negative" indicate what is desirable according to the criteria of Parent Effectiveness Training.

T-tests were done between the comparisons and old experimentals only, in the examination of differences in the baseline means of the groups. (The reason that only these two groups were involved concerns the fact that most of the calculations associated with substance use in the children, which will be discussed later, omit the new experimental group due to its extremely

TABLE 4

MEANS OF CRPBI SCALES AT FIRST ADMINISTRATION

(All Subjects Are Broken Down According to Follow-Up Status)

	OLD EXPERIMENTALS			NEW EXPERIMENTALS			COMPARISONS		
	All	Followed Up	Not Followed Up	All	Followed Up	Not Followed Up	All	Followed Up	Not Followed Up
MOTHER VARIABLES:									
Acceptance	41.1	41.1	Missing*	42.7	42.8	42.0	41.8	41.4	42.8
Rejection	22.9	22.9	--	23.8	23.3	27.7	22.6	23.3	20.9
Positive Involvement	39.1	39.1	--	40.3	40.4	39.7	39.3	39.3	39.5
Hostile Control	26.4	26.4	--	29.8	29.1	34.0	26.8	28.4	23.0
Acceptance of Individuation	38.6	38.6	--	39.0	39.5	35.7	39.7	39.3	40.6
Hostile Detachment	22.5	22.5	--	23.5	23.1	26.0	21.1	21.7	19.5
Child-centeredness	18.2	18.2	--	19.0	19.0	19.7	18.7	18.5	19.5
Possessiveness	15.9	15.9	--	16.3	16.2	16.3	15.8	15.9	15.7
Control	15.9	15.9	--	17.0	16.3	22.0	17.3	17.6	16.6
Enforcement	12.8	12.8	--	15.2	14.2	22.0	13.4	13.6	13.1
Intrusiveness	15.0	15.0	--	15.7	15.8	15.0	14.9	15.2	14.2
Control Through Guilt	12.3	12.3	--	13.8	13.3	16.7	13.2	13.8	11.6
Inconsistent Discipline	13.1	13.1	--	13.8	13.9	13.0	11.9	12.4	10.5
Nonenforcement	13.1	13.1	--	13.4	13.9	9.7	12.2	12.6	11.3
Lax Discipline	15.2	15.2	--	14.0	14.4	11.0	13.5	14.1	12.1
Instilling Anxiety	11.5	11.5	--	13.3	12.6	18.0	12.5	13.1	10.9
Withdrawal of Relations	11.4	11.4	--	12.9	12.6	15.3	11.1	12.0	8.7
Extreme Autonomy	13.3	13.3	--	13.4	14.0	9.3	13.0	13.2	12.4

*Defined as missing since there was only one subject who was not followed-up.

Cont'd ...

TABLE 4 - Cont'd ...

	OLD EXPERIMENTALS			NEW EXPERIMENTALS			COMPARISONS		
	All	Followed Up	Not Followed Up	All	Followed Up	Not Followed Up	All	Followed Up	Not Followed Up
FATHER VARIABLES:									
Acceptance	38.7	38.4	43.0	41.4	41.3	42.5	37.2	36.7	38.3
Rejection	24.0	24.6	16.0	24.2	23.7	29.5	24.7	25.2	23.6
Positive Involvement	36.5	36.2	40.0	38.2	38.0	40.5	34.7	34.0	36.1
Hostile Control	28.3	29.1	18.0	29.6	28.8	38.0	27.9	28.0	27.6
Acceptance of Individuation	37.0	36.4	46.0	38.8	38.3	43.5	36.3	36.4	35.8
Hostile Detachment	23.5	24.0	16.0	23.7	23.1	30.0	24.3	24.8	23.2
Child-centeredness	17.5	17.1	22.0	18.7	18.6	20.0	16.8	16.5	17.5
Possessiveness	14.6	14.5	16.0	15.8	15.5	19.0	14.2	14.2	14.0
Control	17.1	17.1	17.0	17.1	16.7	21.5	17.0	16.6	17.9
Enforcement	15.1	15.1	14.0	15.3	14.7	21.5	14.8	14.3	15.9
Intrusiveness	14.8	14.9	13.0	16.0	15.4	22.5	14.6	14.9	14.0
Control Through Guilt	12.1	12.4	8.0	14.0	13.5	19.0	12.4	12.8	11.4
Inconsistent Discipline	12.7	12.9	9.0	13.7	13.5	16.0	12.5	12.8	12.0
Nonenforcement	13.1	13.5	8.0	13.0	12.9	14.0	12.4	12.9	11.3
Lax Discipline	13.9	14.2	10.0	14.1	14.0	15.5	12.6	12.9	12.0
Instilling Anxiety	12.0	12.2	9.0	13.2	12.6	19.5	12.0	12.3	11.4
Withdrawal of Relations	11.5	11.7	8.0	12.3	12.0	15.0	11.6	12.2	10.5
Extreme Autonomy	13.1	13.1	13.0	13.5	13.9	9.5	12.7	13.4	11.1

small number of users. Thus several other computations done at the same time were done only on the two groups). Mother's Control and Control through Guilt reached significance at the .05 level and Mother's Instilling Anxiety was almost significant (.07). In the case of all three variables, the comparisons had the higher means. None of the father CRPBI variables indicated a significant difference between comparisons and old experimentals. The T-tests were done only on those subjects who had a complete set of three administrations of CRPBI forms for the parent whose characteristics were being examined.

Consolidation of CRPBI Scales

As the researchers were working their way through the CRPBI data they found it increasingly difficult to keep track of differences and changes on 18 scales. In addition, they had problems summing up the CRPBI results and relating them to the information derived from the other measures. Because of this, they decided to investigate the possibility of combining some of the scales, at least in order to simplify discussions of the results. Pearson correlations were done between all the scales for mothers and fathers separately and for both the first administration scores and the follow-up scores, in the old experimental and comparison groups. A few scales consistently appeared to correlate with one another positively and significantly at $\alpha = .05$. These scales were used to create two new "combined scales." One was called "Caring" and consisted of Acceptance, Positive Involvement, and Acceptance of Individuation. Child-centeredness was also added here as it correlated significantly with one of the other three scales at least six out of the eight possible times. The other scale was named "Aloofness"; it consisted of Rejection and Hostile Detachment.

The remainder of the new scales was based partly on the correlations done between the CRPBI scores at baseline and follow-up and the children's use of alcohol and cigarettes (further discussion of these correlations will appear later in the report) and partly on an intuitive sense of similarity in the content of some of the scales. Tables were drawn of all correlations between CRPBI scores and children's drinking and smoking, at baseline and at follow-up, for the old experimentals and the comparisons, which reached or exceeded .30 in magnitude. To qualify for inclusion in any particular proposed new scale, the candidate's original scales had to correlate with children's substance use in the same direction whenever they appeared together in the tables. For example, if Scale A related positively and with a magnitude of .30 or more to drinking for the comparisons at baseline, and Scale B also had a correlation of at least .30 with drinking for the same group at the same administration, that correlation had to be positive as well in order for the two scales to be combined. Of course this concurrence in direction for Scale A and Scale B was expected to occur more than once in the tables. In addition, Scale A and Scale B had to belong together logically before they could be combined; there had to be some impression that they were examining rather similar characteristics in the parents.

Through this method, two other synthesized scales were formed. The first was "Neurotic Control," composed of Instilling Anxiety, Control through Guilt, and Withdrawal of Relations. The second was "Authoritarianism"; it consisted of Control, Enforcement, Hostile Control, and Possessiveness. Appendix 1 presents these new scales and their components in a tabular form for easy reference. From now on, much of the discussion of CRPBI results will include the four new scales in place of 13 original scales. The remaining five scales will be unaffected. To distinguish the new CRPBI from the old, the former will be called the "Consolidated CRPBI."

Returning for a moment to the significant differences in baseline CRPBI scores between comparisons and old experimentals, it can now be said that on the Consolidated CRPBI, comparison mothers were seen as exhibiting more Neurotic Control and Authoritarianism than old experimental mothers. It should be remembered though that the actual T-tests here and in subsequent computations, were done on the original scales, not on the new combined scales.

4. "Parental Attitude Towards Substances" Scores

One more scale, a measure of parental attitudes towards drugs, alcohol, and tobacco (Shain, 1974; Goodstadt, 1974), was administered at the beginning of the study.

Table 5 shows the means and variances for these attitudes variables.

With respect to the first administration results only, the old experimentals had a higher mean in, and thus a more positive attitude towards both drug and alcohol use, than the other two groups (whose means were very similar). In attitudes towards tobacco, the old experimentals were still the most accepting, but the comparisons were close behind, while the new experimentals had a somewhat lower mean score. No T-tests were done to establish the significance of these baseline differences. For both drug and alcohol attitudes, the variance among the scores of the old experimentals indicated a smaller range of responses in this group.

TABLE 5

MEANS AND VARIANCES OF DRUG, ALCOHOL, AND TOBACCO ATTITUDE SCALE (OF PARENTS)

TWO ADMINISTRATIONS

	OLD EXPERIMENTALS	NEW EXPERIMENTALS	COMP.
DRUG ATTITUDES:			
Administration 1:			
Mean	23.0	21.4	21.0
Variance	2.7	39.4	41.8
Administration 2:			
Mean	27.5	22.9	21.0
Variance	2.0	58.2	37.1
ALCOHOL ATTITUDES:			
Administration 1:			
Mean	15.8	14.4	14.4
Variance	1.8	21.3	23.0
Administration 2:			
Mean	16.7	14.7	14.2
Variance	1.3	20.2	26.0
TOBACCO ATTITUDES:			
Administration 1:			
Mean	14.1	12.1	13.8
Variance	19.0	14.8	18.9
Administration 2:			
Mean	15.3	12.5	13.2
Variance	19.1	12.3	23.9

NOTE: Higher means indicate a more positive attitude towards the substance.

Between the first and second administrations of these scales (no third, or follow-up administration was done[3]), the only significant change was in the old experimentals' drug attitudes (α = .002, two-tailed probability). The change was toward less negative attitudes. These changes, however, should not be seen as indicating an endorsement of drug use: rather, an inspection of items involved in the changed scores suggests that they reflect more an acceptance of the person (the user) than of the behavior (the drug use).

5. Changes in Active Listening Scores

Let us return to Table 3 for a moment and consider the changes across administrations in the active listening scores (using the column for subjects who were followed-up). Although the comparisons remained at the same level over the three administrations, both experimental groups showed increases in their active listening skills at the second administration (immediately after the PCP course) and then dropped down again at follow-up. However, the old experimentals dropped to a level even below their original baseline, while the new experimentals remained considerably above their score at first administration. It must be kept in mind though, that the former group had a space of about two years between the last two administrations in which to forget their skills while the latter group had closer to one year. According to T-tests, the old experimentals indicated a significant rise (α = .001, two-tailed probability) between first and second administrations, and an equally significant drop between the second administration and follow-up, but no significant difference between first and last administrations. The new experimentals experienced the same significant increase between first and second administrations ($\alpha = .001$) and a somewhat less significant decrease between the second administration and follow-up ($\alpha = .05$); however, their follow-up scores were still significantly higher ($\alpha = .001$) than their baseline scores.

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[3] In order to maximize the return rate at follow-up, it was decided to cut down the number of forms presented at that time and avoid overburdening subjects with material that was not crucial.

6. Changes in CRPBI Scores

Table 6 lists the means for the original CRPBI scales (i.e. children's perceptions of their relations with their parents) for the three administrations.[4]

Most of the changes between administrations were not large relative to the potential range and often an improvement (according to PCP) between the first two tests was followed by a drop back to baseline levels at follow-up. T-tests were done on the original scale scores and then summarized in terms of the consolidated CRPBI scores. Table 7 outlines those scales in which or in whose component parts significant changes (at $\alpha = .05$, two-tailed probability) were observed.

As can be seen, the new experimentals experienced significant decreases from the first to final administrations in Mother's Nonenforcement, Father's Intrusiveness, and Father's Neurotic Control. These decreases were of the delayed variety; in other words, there were no significant differences between the first and second administrations, but by the time of the third

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[4] All the calculations, including these means, were done on the original CRPBI scales. A re-computation for the new combined scales would have been difficult because of the differences in score ranges for the various scales (maximum score was either 24 or 48). Also, it was felt that the reader might welcome the opportunity to refer to the figures for the original scales and thereby be better able to compare this study with others employing the CRPBI. Thus, the content of most of the tables has not been converted to the consolidated CRPBI. However, the body of the discussion summarizes the findings in terms of the more concise Consolidated CRPBI.

TABLE 6

MEANS OF ORIGINAL CRPBI SCALES AT ALL THREE ADMINISTRATIONS

	OLD EXPERIMENTALS			NEW EXPERIMENTALS			COMPARISONS		
	1st	2nd	F-Up	1st	2nd	F-Up	1st	2nd	F-Up
MOTHER VARIABLES:									
Acceptance	41.1	44.1	42.6	42.7	42.5	42.5	41.8	41.9	41.5
Rejection	22.9	19.0	22.7	23.8	23.5	23.8	22.6	22.3	23.3
Positive Involvement	39.1	41.8	41.8	40.3	40.2	39.7	39.3	40.0	39.8
Hostile Control	26.4	23.3	25.3	29.8	26.9	27.2	26.8	26.1	26.9
Acceptance of Individuation	38.6	41.8	42.6	39.0	40.3	40.4	39.7	40.0	39.8
Hostile Detachment	22.5	18.9	20.2	23.5	23.3	22.1	21.1	21.6	21.9
Child-centeredness	18.2	19.6	18.6	19.0	18.5	18.4	18.7	18.8	18.3
Possessiveness	15.9	15.2	15.2	16.3	15.4	15.2	15.8	15.7	15.1
Control	15.9	14.4	15.9	17.0	16.8	16.6	17.3	16.8	16.7
Enforcement	12.8	12.1	12.4	15.2	14.4	13.9	13.4	13.7	13.9
Intrusiveness	15.0	14.4	14.3	15.7	14.5	14.3	14.9	15.0	14.0
Control Through Guilt	12.3	10.6	12.5	13.8	13.3	12.8	13.2	12.5	12.8
Inconsistent Discipline	13.1	10.9	11.5	13.8	13.1	12.7	11.9	11.7	12.6
Nonenforcement	13.1	12.9	11.4	13.4	13.2	12.0	12.2	11.8	12.0
Lax Discipline	15.2	14.4	13.9	14.0	14.5	14.7	13.5	13.1	13.3
Instilling Anxiety	11.5	9.7	11.3	13.3	12.2	12.4	12.5	12.0	12.1
Withdrawal of Relations	11.4	9.4	12.1	12.9	12.3	12.0	11.1	10.8	12.4
Extreme Autonomy	13.3	14.0	15.2	13.4	14.0	13.8	13.0	13.7	13.8

Cont'd ...

TABLE 6 - Cont'd ...

	OLD EXPERIMENTALS			NEW EXPERIMENTALS			COMPARISONS		
	1st	2nd	F-Up	1st	2nd	F-Up	1st	2nd	F-Up
FATHER VARIABLES:									
Acceptance	38.7	41.2	40.5	41.4	40.2	40.2	37.2	39.2	37.7
Rejection	24.0	20.3	21.5	24.2	25.0	22.0	24.7	24.3	24.9
Positive Involvement	36.5	39.1	37.3	38.2	37.4	37.3	34.7	36.7	35.6
Hostile Control	28.3	25.2	23.6	29.6	27.6	27.3	27.9	26.6	27.3
Acceptance of Individuation	37.0	38.9	40.3	38.8	38.1	38.6	36.3	38.8	37.6
Hostile Detachment	23.5	21.2	20.6	23.7	24.5	23.2	24.3	24.2	24.2
Child-centeredness	17.5	18.3	18.2	18.7	17.4	16.6	16.8	17.8	17.0
Possessiveness	14.6	15.1	14.3	15.8	15.4	14.1	14.2	14.5	14.8
Control	17.1	15.5	15.7	17.1	16.6	16.2	17.0	16.3	16.7
Enforcement	15.1	14.1	14.2	15.3	15.1	15.1	14.8	14.9	14.4
Intrusiveness	14.8	13.7	13.3	16.0	14.4	13.8	14.6	14.2	13.9
Control Through Guilt	12.1	10.7	11.8	14.0	13.0	12.2	12.4	12.0	12.5
Inconsistent Discipline	12.7	11.2	11.5	13.7	12.0	12.1	12.5	12.1	12.8
Nonenforcement	13.1	12.3	12.2	13.0	13.0	12.6	12.4	12.2	12.7
Lax Discipline	13.9	12.7	13.5	14.1	14.0	12.9	12.6	12.9	13.1
Instilling Anxiety	12.0	9.8	11.3	13.2	12.5	11.6	12.0	12.2	12.6
Withdrawal of Relations	11.5	9.8	11.5	12.3	11.8	11.4	11.6	11.4	11.8
Extreme Autonomy	13.1	14.0	16.0	13.5	14.3	14.2	12.7	13.4	14.1

TABLE 7

SIGNIFICANT CHANGES (T-TEST, α= .05, TWO-TAILED PROBABILITY) IN CONSOLIDATED CRPBI MEANS BETWEEN ADMINISTRATIONS

1ST TO 2ND ADMIN. (TEMPORARY CHANGE)			1ST ADMIN. TO FOLLOW-UP (DELAYED AND LASTING CHANGES)		
Old Exp.	New Exp.	Comp.	Old Exp.	New Exp.	Comp.
M's Authorit. ↓			M's Nonenf. ↓	M's Nonenf. ↓	M's Intrus. ↓
M's Aloofness ↓			(M's Incon. Disc. ↓)		
M's Incon. Disc. ↓			M's Caring ↑		
M's Neurotic Con. ↓					
F's Caring ↑		F's Caring ↑	F's Authorit. ↓	F's Intrus. ↓	
			F's Intrus. ↓	F's Neurotic Cont. ↓	
			F's Ext. Aut. ↑		

NOTE: ↑ = Increase in means of scale or composite scales.
↓ = Decrease in means of scale or composite scales.
( ) = Almost significant change at α= .05.

administration, differences did appear. Among the old experimentals, there were significant temporary decreases (i.e. decreases between first and second administrations only) in Mother's Authoritarianism, Aloofness, Inconsistent Discipline and Neurotic Control and a significant temporary increase in Father's Caring. Significant delayed decreases were found in Father's Authoritarianism and Mother's Nonenforcement, while Father's Extreme Autonomy showed a delayed increase. Finally, there was a lasting increase (i.e. an increase that appeared both between first and second administrations and between first administration and follow-up) in Mother's Caring and lasting decreases in Father's Intrusiveness and Mother's Inconsistent Discipline (the last did not quite reach significance at $\alpha = .05$). The comparison group had only two significant changes: a temporary increase in Father's Caring and a delayed decrease in Mother's Intrusiveness.

The majority of changes, then, both temporary (first administration to second administration) and enduring (first administration to follow-up) occurred among the old experimentals. In general, the changes were in what would be called a positive direction according to the objectives of the PCP. There was some question, however, as to whether or not the old experimental fathers' lasting increase in Extreme Autonomy could be considered completely positive. Some amount of greater independence as perceived by children was looked upon as desirable according to the PCP standards, but the idea of "extreme" autonomy suggested a too drastic removal of any input to the children's behavior. Nonetheless, this change cannot be seen in isolation from others which appear to have been benign in nature.

Old experimental mothers exhibited many more changes that did not persist until follow-up than did the fathers of the same group. In particular, improvements in their two types of controlling (Neurotic Control and Authoritarianism) and in their Aloofness from the child faded out. Their discipline was perceived as more consistent, however, and their caring increased. The decrease in fathers' controlling behavior (Authoritarianism and Intrusiveness) did survive the two year span; on the whole they seemed to "let go" of their children somewhat. Their caring, however, which rose immediately after the course, failed to remain at that higher level.

The new experimentals had considerably fewer significant changes than the old experimentals, but theirs were also in a "positive" direction. All of their changes endured until follow-up. Basically, fathers were seen as becoming less manipulative of their children (i.e. less Intrusive and Neurotically Controlling), while mothers improved in their enforcement of discipline. It is perhaps interesting that the decreases in Father's Intrusiveness and Mother's Nonenforcement were common to both experimental groups.

7. Description of Follow-Up Interview Forms

Besides the Active Listening and CRPBI forms, a Children's Interview and Parent's Interview Form, designed by the authors, were administered at follow-up, in order to discover whether any changes had taken place over time in the parents' way of relating to their children. The objective of these instruments was to reconstruct, from the children's and parents' points of view, whether the key conditions taught in the PCP programs and being searched for here (active listening, constructive confrontation, and problem-solving) actually occurred in the home environment. The interviews were set up in such a way that, although there were key questions to be answered, the respondents had considerable freedom to express themselves. Unfortunately, many of the answers were not as detailed as they could have been. Because of the judgmental nature of any attempt at scoring such varied and individual responses, and because of the lack of clarity present in many answers, much effort was put into designing a suitable scoring system for these forms.

The questions in the interview were originally based on what were considered to be the elements that had to be present in a parent-child interaction in order to define the occurrence of active listening, constructive confrontation, or problem-solving. The scoring system was designed around a search for evidence of the presence of these elements.

An individual question, pertaining to whichever of the three types of situations, was handled as follows if the participants by their response indicated clearly that the element being searched for in the question was present, the highest possible score (4) was given to the answer. This was defined as leaving open the possibility that the particular response being looked for (active listening, constructive confrontation, problem-solving) had occurred. Depending on the particular question, vague or partial indications of the existence of the element, or perhaps even denials of its presence, would simply exclude the possibility of a score of 4. If a previous question had been scored a 3 (i.e. excluding the highest possible score), the answer to the next question could not bring the score back up to a 4. In most cases, clear indications of the absence of an element brought the score down to a 1 or possibly a 2. The entire set of responses describing a particular situation had to be looked at as an entity before deciding on a final score, since at times, respondents answered in the wrong spaces and at times there was a distinct "tone" in the answers that countered the actual words. The final score could range from 0 to 4: A "0" simply meant that there had been insufficient evidence to give a score. A "1" was clear evidence that the response being looked for in the particular parent-child interaction was absent; "2" was an indication of the lack of this response; "3" was an indication of the existence of such a response; and "4" was clear evidence of the presence of the response. The total scores for any of the three types of parental responses were determined by taking the average of the final scores of all the situations dealing with that particular kind of response (excluding those classified as "insufficient evidence" or "0"). If the average score happened to be a fraction, it was rounded off to the closest whole number. The procedure and the definition of scores were much the same in the Parent Interview Form as in the Children's Interview Form, except that the former had more general questions and thus required more personal judgment to score, as well as being less likely to contain enough specific information to claim "clear evidence" of the presence of any particular kind of response.

A pilot test was run for both the Children's and Parents' Interview Forms, before the scoring instructions were designed. The responses to these pilot forms were useful in setting up the code book but did not cause any modifications to be made in the questionnaires themselves in preparation for the main study.

While the interviewer was completing the forms, a certain number of parents and children allowed their comments to be recorded on tape.

These tapes (at least those that were sufficiently audible) were also scored according to the same guidelines prepared for the forms. The scoring of the tapes was done by the same researcher who scored the forms. This was performed primarily as a reliability check, to see if there was consistency between the content and completeness of the written responses and the verbal expressions of the subjects. The results of the comparison between the tapes and the questionnaires revealed that the content of the two were usually very similar. At times the recorded interview did provide more detail than the form but at other times the interview went off on a tangent and important questions were left unanswered.

With respect to the actual scores based on the two types of information, 73% of all the parent situations and 75% of all the children situations that had sufficient information for the two scores to be given, received identical scores. Among the parent situations, an average of 14% received contradictory scores, where one score suggested the existence of a skill and the other one indicated its absence. Mostly the taped interview scores were the ones pointing to the presence of the skill. Of the children situations, an average of 7% received such contradictory scores. Sometimes the differences in scores could be attributed to the presence of extra information (perhaps only a new tonal quality) in one or the other of the two interview methods. However, since the scoring of these interviews remained quite dependent on the scorer's judgment, it is not surprising that some differences would also have occurred in her perception from one day to the next. It was concluded from the comparison of the two approaches that the questionnaires were an adequate if not an even better source of information than the taped interviews. However, the use of face to face interviews in conjunction with the written forms was functional in ensuring a higher frequency and better quality of completed forms. For those that wish more detail on the relationship between the taped interview and the written interview, Appendix 2 should be helpful.

In the case of the interviews, as with the CRPBI, the administrators were instructed to ensure that the child who was under discussion or who was responding to the form was the member of that particular family who, at the time of initial testing, had been closest to the age of nine. It was especially important that the same child be referred to throughout the course of the research project.

The interview forms required that subjects elaborate on how specific parent-child problems and interactions were dealt with. A list of the types of problems brought up by parents and children was kept; some difficulties were mentioned with a much greater frequency than others. Appendix 3 presents a discussion on the kinds of situations presented.

The actual distribution of interview form scores is shown in Table 8. The percentages do not include any cases where no relevant information exists; in other words, if a subject had no examples of active listening situations in the appropriate section or if all of his examples in that section earned a score of 0 (insufficient evidence to give a proper score), he was eliminated from the frequency picture for the variable called "Average A-L score in Section B." As a result, some of the average scores were based on very few cases -- even as few as one or two per group. The most substantial representation was in two of the parent variables--parent's report of constructive confrontation and parent's report of problem-solving. Thus, it was considered of greater value to concentrate on looking at differences between groups on these two measures although scores on the children's forms are discussed also.

8. a) Scores on Constructive Confrontation and Problem-Solving in Parent's Interview Form

None of the groups received an average score of 4 (the highest) on parent's report of either constructive confrontation or problem-solving. As already mentioned, the style of questions and answers in the Parent's Interview Form made it difficult to establish clear evidence of a particular parental response having occurred. Half or more of the parents scored only 1 (clear evidence that the "skilled" response was lacking) on both constructive confrontation and problem-solving. In the case of the former type of interaction, the percentages of subjects in the three groups scoring 1 were very similar, with the old experimentals having the lowest frequency. The new experimentals had a considerably lower percentage of 2s than the other two groups and the comparisons had a very low frequency of 3s. If one considers 3 to be the only indication that constructive confrontation responses may have occurred, the experimental groups did seem to be slightly superior to the comparisons in having achieved this goal. The new experimentals surpassed the old experimentals in frequency of 3s; this too is not unexpected, as the PCP course training would probably have been fresher in their memories than in those of the old experimentals who were exposed to it at least two years before. However, the differences were small and by no means conclusive.

In problem-solving, the new experimental parents had the highest frequency of 1s, the lowest frequency of 2s, and the only representation, however small, in the 3 category. All this indicated, though, was that one or two individuals in their midst had shown signs of possibly having used problem solving techniques. If a score of 2 is regarded as being less of

TABLE 8

FREQUENCIES IN PERCENT OF AVERAGE SCORES IN CHILDREN'S AND PARENT'S INTERVIEW FORMS

VARIABLE	VALUE	OLD EXP.	NEW EXP.	COMPARISON
Average A-L Score in Section A (Children's Questionnaire)	1	16.7%	28.6%	20.0%
	2	22.2%	19.0%	36.0%
	3	16.7%	19.0%	32.0%
	4	44.4%	33.3%	12.0%
Average A-L Score in Section B (Children's Questionnaire) (NOTE: very few cases)	1	0.0%	0.0%	100.0%
	2	0.0%	50.0%	0.0%
	3	100.0%	0.0%	0.0%
	4	0.0%	50.0%	0.0%
Average C-C Score in Section B (Children's Questionnaire)	1	38.5%	46.7%	57.1%
	2	38.5%	6.7%	19.0%
	3	23.1%	46.7%	23.8%
	4	0.0%	0.0%	0.0%
Average C-C Score in Section A (Children's Questionnaire) (NOTE: very few cases)	1	50.0%	50.0%	100.0%
	2	0.0%	12.5%	0.0%
	3	50.0%	37.5%	0.0%
	4	0.0%	0.0%	0.0%
Average P-S Score in Section B (Children's Questionnaire)	1	33.3%	68.8%	78.3%
	2	25.0%	18.8%	17.4%
	3	33.3%	12.5%	0.0%
	4	8.3%	0.0%	4.3%
Average A-L Score in Parent's Questionnaire (NOTE: very few cases)	1	0.0%	0.0%	0.0%
	2	0.0%	25.0%	50.0%
	3	100.0%	25.0%	50.0%
	4	0.0%	50.0%	0.0%
Average C-C Score in Parent's Questionnaire	1	50.0%	61.9%	58.6%
	2	36.4%	19.0%	37.9%
	3	13.6%	19.0%	3.4%
	4	0.0%	0.0%	0.0%
Average P-S Score in Parent's Questionnaire	1	50.0%	81.0%	62.1%
	2	50.0%	14.3%	37.9%
	3	0.0%	4.8%	0.0%
	4	0.0%	0.0%	0.0%

NOTE: A-L = Active Listening
C-C = Constructive Confrontation
P-S = Problem-Solving

In calculating the percentages, all of scores 0, or absence of applicable situations were eliminated.

an indictment than a 1, it could be argued that the old experimentals showed more signs of having used problem-solving techniques than the other two groups. Comparing the old with the new experimentals, it might appear that problem-solving was a skill which took longer to "mature," thus being more evident among the former group. Such an explanation, however, does not account for the fact that the comparisons' scores fell between those of the two experimental groups.

8. b) Scores on Children's Interview Form: Active Listening, Constructive Confrontation, and Problem-Solving

It appears that the process which led to sustained improvements in experimental children's perceptions of their parents, according to the CRPBI, as reported earlier, was not effectively captured by the parent interviews. That is, one would have expected children's perceptual changes to be based on the occurrence of definable interpersonal events involving the exercise of newly learned parental skills. If this is what happened, the parent interviews failed to turn up any conclusive evidence of it. Data which are more supportive of the hypothesized trend are to be found in the results of the children's interview (see Table 8) where it appears that experimental children saw more active listening, constructive confrontation, and problem-solving than children of comparisons. However, the children's interviews were less complete and reliable than those of the parents, so these data have to be treated with considerable caution. It should be noted, however, that in the case of the children's interviews, data converge on the speculative conclusion that key skills were perceived as having been exercised more often among both experimental groups than among comparisons.

9. Other Questions in Interview Form

Besides attempting to find evidence of use of the three kinds of parental skills discussed, the Children's Interview Form and the Parent's Interview Form also contained questions about substance use and certain other matters. The children's form dealt with children's perceptions of both parents and with their own as well as their family's use of drugs, alcohol, and tobacco. The section on "own use of substances" was quite detailed, exploring feelings about use and parents' reactions to the use. The parents' form merely asked for the respondent's estimates of how frequently he or she used the skills learned in the PCP courses (this questions was relevant only to the experimental groups). Tables 9 to 13 list the frequencies (in percentages of various responses to these questions. Because the questions usually required free-format answers, there occurred a few unique responses here and there that did not fit very well with any of the more common answers and thus there exist some response categories with a representation of only one. An examination of the table is of interest simply for descriptive purposes. No statistical tests have been done on group differences, and in many cases (especially with some of the questions related to children's substance use) the numbers would be too small to warrant them.

a) Children's Use of Substances

A potentially comprehensive page in the Children's Interview Form dealt with the child's use of substances. Unfortunately, the quality of response was disappointing and for this reason it is not worthwhile for the authors to elaborate in the text on any of the questions other than those

TABLE 9

FREQUENCIES--CHILDREN'S INTERVIEW FORM--PERCEPTIONS OF PARENTS; AGE AND SEX OF CHILD

Variable	Value	Old Exp.	New Exp.	Comparison
Is there any difference in going to Mom or Dad?	Yes, different	55.6%	52.9%	75.0%
	The same	16.7%	35.3%	21.4%
	Usually Mom	22.2%	5.9%	3.6%
	Usually Dad	5.6%	-	-
	According to topic	-	5.9%	-
Who is the best person to go to?	Mother	58.8%	58.8%	64.3%
	Father	5.9%	11.8%	10.7%
	Both or either	11.8%	23.5%	17.9%
	Mother;sister;friend	5.9%	-	-
	Friend(s)	11.8%	-	7.1%
	Depends on problem	5.9%	-	-
	Myself	-	5.9%	-
How Mother is perceived?	Strict	29.4%	23.8%	23.1%
	Easy-going	52.9%	47.6%	42.3%
	Both	17.6%	28.6%	26.9%
	Overprotective	-	-	7.7%
How Father is perceived?	Strict	58.8%	42.9%	37.5%
	Easy-going	29.4%	28.6%	20.8%
	Both	11.8%	28.6%	33.3%
	Overprotective	-	-	8.3%
Age of child responding (i.e. age at follow-up)	9	-	9.5%	-
	10	-	14.3%	3.6%
	11	-	14.3%	21.4%
	12	19.0%	47.6%	17.9%
	13	14.3%	9.5%	17.9%
	14	14.3%	-	10.7%
	15	23.8%	4.8%	14.3%
	16	9.5%	-	10.7%
	17	14.3%	-	3.6%
	18	4.8%	-	-
Sex of child responding	Male	39.1%	41.7%	53.1%
	Female	60.9%	58.3%	46.9%

TABLE 10

FREQUENCIES--CHILDREN'S INTERVIEW FORM--ALCOHOL USE BY CHILD

Variable	Value	Old Exp.	New Exp.	Comparison
(1) Does child drink alcohol	Yes	18.2%	-	-
	No	81.8%	100.0%	100.0%
(2) Has child ever drunk? (only if "no" to above)	Yes	44.4%	44.4%	40.0%
	No	55.6%	55.6%	60.0%
(3) How drinking started (only if child does or has drunk)	Special occasions	18.2%	37.5%	44.4%
	Home	27.3%	50.0%	11.1%
	Peer pressure	36.4%	12.5%	44.4%
	Wanted to try	18.2%	-	-
(4) Freedom of action--Alcohol (if uses/used)	Can't tell	55.6%	66.7%	87.5%
	Does perceive freedom	44.4%	16.7%	-
	Does not " "	-	16.7%	12.5%
(5) Feelings about drinking (if uses/used)	Positive	44.4%	33.3%	12.5%
	OK in moderation	11.1%	16.7%	25.0%
	OK, unqualified	22.2%	-	-
	Negative	22.2%	50.0%	37.5%
	Strong negative	-	-	12.5%
	Resigned to it	-	-	12.5%
(6) Do parents know about drinking (if uses/used)?	Yes	90.9%	83.3%	66.7%
	No	9.1%	16.7%	33.3%
(7) How would they react if they knew re: drinking? (if no to above)	Fairly accepting	-	-	-
	Discuss it	-	-	-
	Don't know	-	-	-
	Upset	100.0%	100.0%	100.0%

Cont'd ...

TABLE 10 - Cont'd ...

Variable	Value	Old Exp.	New Exp.	Comparison
(8) How did parents find out re: drinking (if "yes" to #6)	Child told	40.0%	33.3%	66.7%
	Someone else told	-	-	-
	Discovered it	-	-	-
	Allow it	60.0%	66.7%	33.3%
(9) How did they react if they discovered the drinking? (if "discovered" in #8)	Accepting	-	-	-
	Discussed it	-	-	-
	Upset	-	-	-
(10) How did they react if child told re: drinking? (if "child told" in #8)	Accepting	50.0%	-	-
	Discussed it	-	-	-
	Upset	-	-	-
	Glad child told	25.0%	-	100.0%
	Worried	25.0%	-	-
	Puzzled	-	100.0%	-

TABLE 11

FREQUENCIES--CHILDREN'S INTERVIEW FORM--SMOKING BY CHILD

Variable	Value	Old Exp.	New Exp.	Comparison
(1) Does child smoke?	Yes	18.2%	-	20.0%
	No	81.8%	100.0%	80.0%
(2) Has child ever smoked? (only if "no" to above)	Yes	50.0%	16.7%	20.0%
	No	50.0%	83.3%	80.0%
(3) How smoking started (only if child does or has smoked)	Peer Pressure	81.8%	33.3%	75.0%
	Wanted to try	-	66.7%	25.0%
	On my own	18.2%	-	-
(4) Freedom of action--smoking (if uses/used)	Can't tell	83.3%	100.0%	88.9%
	Does perceive freedom	8.3%	-	11.1%
	Does not " "	8.3%	-	-
(5) Feelings about smoking (if uses/used)	Positive	-	-	11.1%
	OK in moderation	-	-	-
	OK, unqualified	8.3%	-	66.7%
	Negative	41.7%	33.3%	-
	Strong negative	33.3%	33.3%	22.2%
	Qualified OK	-	33.3%	-
	Quit	16.7%	-	-
(6) Do parents know about smoking (if done)	Yes	83.3%	66.7%	75.0%
	No	16.7%	33.3%	25.0%
(7) How would they react if they knew re: smoking (if "no" to above)	Fairly accepting	-	-	-
	Discuss it	-	-	-
	Don't know	-	-	-
	Upset	100.0%	100.0%	100.0%

Cont'd ...

TABLE 11 - Cont'd ...

Variable	Value	Old Exp.	New Exp.	Comparison
(8) How did parents find out re: smoking (if "yes" to #6)	Child told	90.0%	100.0%	83.3%
	Someone else told	-	-	-
	Discovered it	10.0%	-	16.7%
(9) How did they react if they discovered the smoking? (if "discovered" in #8)	Accepting	-	-	-
	Discussed it	-	-	-
	Upset	-	-	100.0%
	Negative, not upset	100.0%	-	-
(10) How did they react if child told re: smoking? (if "child told" in #8)	Accepting	33.3%	-	20.0%
	Discussed it	22.2%	-	-
	Upset	-	-	20.0%
	Glad child told	22.2%	50.0%	40.0%
	Worried	22.2%	-	20.0%
	Puzzled	-	50.0%	-

TABLE 12

FREQUENCIES--CHILDREN'S INTERVIEW FORM--DRUG USE BY CHILD

Variable	Value	Old Exp.	New Exp.	Comparison
(1) Does child take drugs?	Yes	9.1%	-	-
	No	90.9%	100.0%	100.0%
(2) Has child ever taken drugs (only if "no" to above)	Yes	5.0%	-	8.0%
	No	95.0%	100.0%	92.0%
(3) How drug taking started (only if uses/used)	Peer pressure	50.0%	-	-
	Wanted to try	50.0%	-	100.0%
(4) Freedom of action drugs (if uses/used)	Can't tell	33.3%	-	100.0%
	Does perceive freedom	66.7%	-	-
	Does not " "	-	-	-
(5) Feelings about drugs (if uses/used)	Positive	33.3%	-	-
	OK in moderation	-	-	-
	OK	66.7%	-	100.0%
	Negative	-	-	-
	Strong negative	-	-	-
(6) Do parents know about drugs (if used)	Yes	33.3%	-	100.0%
	No	66.7%	-	-
(7) How would they react if they knew re: drug use (if "no" to above)	Fairly accepting	-	-	-
	Discuss it	-	-	-
	Don't know	-	-	-
	Upset	100.0%	-	-
(8) How did parents find out re: drug use (if "yes" to #6)	Child told	100.0%	-	100.0%
	Someone else told	-	-	-
	Discovered	-	-	-

Cont'd ...

TABLE 12 - Cont'd ...

Variable	Value	Old Exp.	New Exp.	Comparison
(9) How did they react if they discovered the drug use (if "discovered" in #8)	Accepting	-	-	-
	Discussed it	-	-	-
	Upset	-	-	-
(10) How did they react if child told re: drug use (if "child told" in #8)	Accepting	-	-	-
	Discussed it	-	-	-
	Upset	-	-	-
	Glad child told	-	-	100.0%
	Worried	100.0%	-	-

TABLE 13

FREQUENCIES--CHILDREN'S INTERVIEW FORM--SUBSTANCE USE BY FAMILY

PARENT'S INTERVIEW FORM--USE OF SKILLS

Variable	Value	Old Exp.	New Exp.	Comparison
Who else in family drinks?	No one	16.7%	16.7%	24.0%
	Mother, occasion.	5.6%	-	4.0%
	Father, occasion.	-	16.7%	16.0%
	Both parents, occ.	50.0%	55.6%	44.0%
	Sib(s) occ.	5.6%	-	-
	Both parents, sibs. occasion.	5.6%	-	12.0%
	Father, sibs occ.	16.7%	-	-
	Father more; mother, sibs occ.	-	5.6%	-
	Unspecified people	-	5.6%	-
Who else in family smokes?	No one	27.8%	42.1%	60.0%
	Mother	16.7%	5.3%	12.0%
	Father	11.1%	26.3%	16.0%
	Both parents	16.7%	15.8%	-
	Sibling(s)	-	-	8.0%
	Parents, sib(s)	5.6%	-	-
	Father, sib(s)	22.2%	10.5%	4.0%
Who else in family uses drugs?	No one	94.4%	94.4%	100.0%
	Sibling(s)	5.6%	5.6%	-
When does parent use the PET skills?	Does not use	-	-	-
	For crises	17.4%	16.7%	-
	Regularly	17.4%	20.8%	-
	Daily	26.1%	37.5%	-
	Unknown freq.	26.1%	12.5%	-
	Very seldom	4.3%	-	-
	Unknown	8.7%	12.5%	-

concerning the proportion of children who had ever or continued to be exposed to any of the three substances. If readers are interested in the other items presented in this section of the form, they are referred to Tables 10, 11, and 12. However, they should keep in mind that response rates to these questions were very low and irregular. It is evident that this line of questioning is often resisted.[5]

Among the old experimentals, 62.6% had at some time consumed alcohol or still did drink; the corresponding percentage for smoking was 68.2% and for drug use, 14.1%. Of the new experimentals, 44.4% had had exposure to alcohol, 16.7% to tobacco, and 0.0% to drugs. In the comparison group, the percentages were 40.0% for both alcohol and tobacco and 8% for drugs. Thus the greatest prevalence of contact with any of the three substances was found among the old experimentals. However, this was not too surprising since at the time of the follow-up interview they were also the oldest group (52.4% aged 15 or more compared to 4.8% for the new experimentals and 28.6% for the comparisons).

b) Use of Substances by Other Family Members

There did not appear to be any large differences among the three groups in frequencies of other family members drinking. With respect to smoking, however, the old experimentals led with the highest percentage of families containing smokers and the comparisons were the least likely to include smokers as family members. Both experimental groups had one case of a brother or sister of the respondent child using drugs.

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[5] In reviewing the tape-recorded interviews, the scorer sometimes was left with the impression that the interviewer glossed over the section on children's substance use, perhaps being embarrassed to ask more than the bare minimum of information.

c) Parental Report of Use of Skills

The parents' own report of their use of the skills taught in PCP did not differ much between the two experimental groups. A higher percentage of the new experimentals did, however, say they used them daily, while a greater percentage of old experimentals did not know how often they used them. Perhaps over the two years that had elapsed since their involvement in the PCP courses, the old experimentals stopped being as aware of the occasions on which they employed the skills; either they became part of the natural way of relating to the child or they tended to fade into the background and be forgotten most of the time.

Comparisons Based on Children's Substance Use

One of the main aspects of the analyses of the data was a series of comparisons done on the basis of substance use in the respondent child. Some pruning of the information was required here. For one thing, the only substances considered were alcohol and tobacco[6]; the frequency of contact with other drugs was too small for any further examination. Secondly, only the old experimental and comparison group children had sufficiently high percentages of both drinking and smoking to make comparisons worthwhile and meaningful.

It should be pointed out before embarking on a discussion of how children's use relates to other variables, that expressions such as "use·" "drinking," and "smoking" are employed in a highly restricted sense in this report. In many cases, a child may actually have tried the substance only once or twice. For the purposes of the study, he is then labeled a "user." However, it is important not to form an image here of children who drink every weekend or smoke every recess in the school washroom. Rather, the intention is to convey the idea that some children have decided to try alcohol or tobacco: we are looking for signs of what may have influenced their decision and how, if at all, the PCP training may have played a role.

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[6] Further, in the interests of keeping the present report to a manageable length, tobacco use comparisons will be dealt with in a future report.

Comparisons Based on Children's Drinking

a) Children's Drinking Related to Follow-Up Interview Results and Basic Information Variables

With respect to the measures of parent skills as seen through the Interview Forms, the most noteworthy relationships with children's drinking occur when the effects of children's age and family substance use are controlled (Table 14).

As Table 14 demonstrates, there is no relationship between the exercise of parental constructive confrontation or problem solving skills (as monitored through the interviews) and children's drinking in the case of the old experimentals prior to the addition of these controls. However, their addition leads to correlations in the realm of 0.29 to 0.36. These jumps are important even if the resulting partial correlations are not statistically significant because they suggest that the effect of PCP skills on children's drinking is mediated to some extent by parental (or familial) substance use--in this case, drinking and smoking. That is, a relationship between parenting skills and children's drinking is masked by the tendency for these very skills to potentiate drinking behavior among children in cases where parents or immediate family members drink themselves.

TABLE 14

PEARSON CORRELATIONS BETWEEN CHILDREN'S DRINKING AND SCORES ON PARENTS' AND CHILDREN'S INTERVIEW FORMS

VARIABLES CORRELATED WITH DRINKING	COMPARISON		OLD EXPERIMENTAL	
	r	2-Tailed Signif.	r	2-Tailed Signif.
Parents' Constructive Confrontation Score	0.0806	0.751	0.0157	0.949
Parents' Problem-Solving Score	0.3223	0.192	0.0449	0.855
Controlling for Age of Child:				
Parents' Constructive Confrontation Score	-0.0327	0.901	0.1678	0.506
Parents' Problem-Solving Score	0.3274	0.200	0.0749	0.768
Controlling for Age of Child & Family Smoking:				
Parents' Constructive Confrontation Score	-0.1425	0.627	0.3470	0.224
Parents' Problem-Solving Score	0.0898	0.760	0.2898	0.315
Controlling for Age of Child & Family Drinking:				
Parents' Constructive Confrontation Score	-0.0494	0.867	0.3649	0.200
Parents' Problem-Solving Score	0.1069	0.716	0.2950	0.306

NOTE: Positive r = higher scores correlate with abstinence.

Negative r = higher scores correlate with use.

The effect of the PCP skills is to legitimize and thus potentiate the alcohol-using behavior of parents in their children. Consequently, if mother and father drink and exercise PCP skills, children are likely to copy them more than if such parental skills were not exercised: if mother and father are abstinent and exercise PCP skills, the chances are raised that children will copy this behavior instead. The two effects, however, cancel one another out until controls for parental (or immediate family) drinking models are added.

In the comparison group, these relationships are not seen. Indeed, an initially notable relationship between parents problem solving and children's non-drinking disappears when controls for age and familial substance use are added. There is no evidence that the exercise of parent skills potentiates the effect of parent modeling in the case of the comparisons, probably because the skill levels among this group were below that of the old experimentals, thus reducing the amount of variance.

In the present sample, however, it is generally true that if other family members drank, both the old experimental and the comparison children were more likely to drink. Less educated parents (high school or less) in both groups were inclined to have more drinking among their children than better educated parents. Small families (one or two children only), on the other hand, seemed to encourage avoidance of drinking among comparison children. Also in the comparison group, parents with non-professional jobs (including "housewives") had a greater likelihood of abstinent children than did professional parents. These comparisons are reviewed in Table 15.

Although the data were far from confirmatory, some comment on the possible meaning of the relationships involving parents' education, occupation, and present family size appears in order. In seemed that among comparisons,

TABLE 15

CHILDREN'S DRINKING BY SOME FOLLOW-UP AND DEMOGRAPHIC VARIABLES

VARIABLE	OLD EXPERIMENTAL		COMPARISON	
	Drinkers	Non-Drinkers	Drinkers	Non-Drinkers
Average A-L score for children (Section A of questionnaire):				
High (3,4)	40.0%	60.0%	50.0%	50.0%
Low (1,2)	85.7%	14.3%	27.3%	72.7%
Average C-C score for children (Section B of questionnaire):				
High (3,4)	0.0%	100.0%	40.0%	60.0%
Low (1,2)	60.0%	40.0%	33.3%	66.7%
Average P-S score for children (Section B* of questionnaire):				
High (3,4)	60.0%	40.0%	0.0%	100.0%
Low (1,2)	42.9%	57.1%	44.4%	55.5%
Average C-C score for parents:				
Higher (2 or more)	63.6%	36.4%	37.5%	62.5%
Low (1)	40.0%	60.0%	42.9%	57.1%
Average P-S score for parents:				
Higher (2 or more)	50.0%	50.0%	28.6%	71.4%
Low (1)	54.5%	45.5%	46.7%	53.3%
Who else in family drinks:				
Someone drinks	66.7%	33.3%	41.2%	58.8%
No one drinks	0.0%	100.0%	20.0%	80.0%
Who else in family smokes:				
Someone smokes	53.8%	46.2%	22.2%	77.8%
No one smokes	60.0%	40.0%	46.2%	53.8%

Con'td ...

TABLE 15 - Cont'd ...

VARIABLE	OLD EXPERIMENTAL		COMPARISON	
	Drinkers	Non-Drinkers	Drinkers	Non-Drinkers
Education of Parent Responding:				
High School or less	60.0%	40.0%	42.1%	57.9%
More than high school	42.9%	57.1%	33.3%	66.7%
Number of Children in family:				
Two or less	50.0%	50.0%	14.3%	85.7%
More than two	56.3%	43.8%	50.0%	50.0%
Occupation of Parent Responding:				
Non-professional	58.8%	41.2%	36.4%	63.6%
Professional	66.7%	33.3%	66.7%	33.3%
Age of Responding Child (Range 12-17 only):				
12 to 14	22.2%	77.8%	22.2%	77.8%
15 to 17	90.0%	10.0%	80.0%	20.0%
How Father is perceived:				
Strict	60.0%	40.0%	37.5%	62.5%
Easy-going	100.0%	0.0%	75.0%	25.0%
Both	50.0%	50.0%	28.6%	71.4%
How Mother is perceived:				
Strict	60.0%	40.0%	40.0%	60.0%
Easy-going	87.5%	12.5%	55.6%	44.4%
Both	33.3%	66.7%	16.7%	83.3%
When Parent uses PCP skills: (for Old Experimental Only)				
In crises	50.0%	50.0%	-	-
Regularly	50.0%	50.0%	-	-
Daily	40.0%	60.0%	-	-
Unknown freq.	83.3%	16.7%	-	-

Cont'd ...

TABLE 15 - Cont'd ...

NOTE: A-L = Active Listening
C-C = Constructive Confrontation
P-S = Problem-Solving

Percentages are added up across rows (for each group separately) and can be compared down columns. (e.g. To interpret the first line above, one would read: Of those children who perceive their fathers as strict, 60% have tried drinking and 40% have not.)

* Contains a large amount of missing data

fewer children drank in families where parents received education beyond high school, where there were fewer children (one or two), and where the parent responding was non-professional (usually meaning a mother who remains at home). Among old experimentals, however, these relationships tended to be weaker. It might be hypothesized from this difference that the PCP reduced the "natural" effects of the social controls implied in "small family," "better educated," "mother does not work outside the home" in the sense that children from such families would, without their parents' being exposed to the PCP, have had less tendency to try drinking than children from other families. It must be reiterated, however, that the amount of alcohol consumption involved here was usually small, as revealed by the interview data. These observations have, at best, the status of hypotheses which should be tested in subsequent research. As with many of the observations throughout this report, one is constantly brought back to the need to define what kinds of outcomes, in terms of children's consumption of alcohol or other substances, are hoped for. The goal of the project, initially, was stated to be the induction of processes which would enable children to make conscious decisions about their use of substances through the development of more harmonious family conditions. It was anticipated that such conscious decisions, where they flowed from a happy family life, would tend strongly to go in the direction of moderation. It was not expected that abstinence would be the most desirable outcome. In many ways, it could be argued that the emergent patterns of consumption noted here are benign and desirable in that they are taking place in the context of generally harmonious families. This may be even more acceptable than an abstinence among children while living at home which gives way to erratic patterns of consumption on leaving the nest. This, we would argue, is a subject for further research.

The parents' own statement of how often they used the skills learned in PCP was also looked at in the old experimental group since the comparisons had no exposure to the course. If the parents claimed to depend on the skills daily, 60% of the respondent children had not tried drinking. However, among those parents who did not know how often they used the skills (though they thought they did use them at times) 83% of the children claimed to have used alcohol.

b) Children's Drinking in Relation to Baseline Active Listening and CRPBI Scores

Table 16 compares the drinking and non-drinking children in the two groups on active listening and the original CRPBI scales. Here the mean scores are given at each of the three administrations. T-tests were done on the baseline means (scores at first administration) thus comparing the old experimental drinkers with the old experimental non-drinkers and the comparison drinkers with the comparison non-drinkers.

With respect to the baseline active listening data, a significant difference at $\alpha = .05$, α for F-value = .10, was found between the parents of drinkers and non-drinkers in the comparison group, but not in the old experimental group. The mean active listening scores in the comparison group were higher for non-drinkers than for drinkers. Pearson correlations between the active listening scores and children's drinking also revealed that in the comparison group only, the correlation approached significance at $\alpha = .05$ ($r = 0.44$, $p = .06$). The fact that the correlation was positive suggested

TABLE 16

ACTIVE LISTENING AND ORIGINAL CRPBI VARIABLES - MEANS ACCORDING TO CHILDREN'S DRINKING STATUS

VARIABLE	OLD EXPERIMENTAL		COMPARISON	
	Drinkers	Non-Drinkers	Drinkers	Non-Drinkers
Active Listening:				
Admin. 1	15.4	15.9	10.9	11.9
2	26.6	25.6	11.2	11.8
3	15.9	16.0	11.2	12.7
Mother's Acceptance:				
Admin. 1	39.3	45.4	37.3	44.5
2	42.3	45.6	38.8	43.7
3	41.6	45.4	39.3	43.0
Mother's Rejection:				
Admin. 1	23.3	18.9	25.3	20.8
2	20.1	18.1	25.5	21.3
3	21.8	20.0	24.0	22.0
Mother's Positive Involvement:				
Admin. 1	38.3	41.9	37.2	41.5
2	40.5	42.6	38.0	41.4
3	41.6	44.1	40.0	42.0
Mother's Hostile Control:				
Admin. 1	28.4	23.1	30.7	28.4
2	24.3	22.9	28.8	27.1
3	26.6	22.7	26.7	27.4
Mother's Acceptance of Individuation:				
Admin. 1	38.1	41.3	36.7	41.6
2	40.9	42.6	36.5	41.0
3	42.3	44.1	37.5	40.8

Cont'd ...

TABLE 16 - Cont'd ...

VARIABLE	OLD EXPERIMENTAL		COMPARISON	
	Drinkers	Non-Drinkers	Drinkers	Non-Drinkers
Mother's Hostile Detachment:				
Admin. 1	22.6	18.6	23.5	19.9
2	19.0	18.4	25.0	20.8
3	20.3	18.9	24.3	19.6
Mother's Child-Centeredness:				
Admin. 1	17.5	19.4	17.3	20.0
2	19.1	19.4	16.7	19.8
3	18.5	18.4	16.0	20.1
Mother's Possessiveness:				
Admin. 1	16.5	14.9	15.5	16.8
2	15.8	14.3	17.2	16.1
3	14.3	13.6	14.7	16.1
Mother's Control:				
Admin. 1	16.1	15.1	18.0	17.5
2	14.1	15.4	16.7	17.8
3	15.9	15.3	15.2	17.8
Mother's Enforcement:				
Admin. 1	12.1	13.4	13.8	13.5
2	12.1	12.6	14.8	14.1
3	12.9	12.1	13.5	14.5
Mother's Intrusiveness:				
Admin. 1	16.4	12.9	13.3	16.8
2	15.5	13.6	13.7	16.8
3	15.3	12.0	12.3	15.3
Mother's Control Through guilt:				
Admin. 1	12.5	10.7	11.7	14.9
2	12.0	9.4	12.0	14.7
3	12.5	9.7	11.2	14.1

Cont'd ...

TABLE 16 - Cont'd ...

VARIABLE	OLD EXPERIMENTAL		COMPARISON	
	Drinkers	Non-Drinkers	Drinkers	Non-Drinkers
Mother's Inconsistent Discipline:				
Admin. 1	12.6	11.9	12.8	12.6
2	10.4	11.9	11.8	11.8
3	9.5	11.0	11.8	11.8
Mother's Nonenforcement:				
Admin. 1	13.0	12.9	12.2	12.2
2	13.1	12.9	12.2	10.9
3	11.3	11.0	13.0	11.2
Mother's Lax Discipline:				
Admin. 1	15.1	14.3	14.5	13.0
2	15.3	14.1	13.7	12.8
3	13.8	12.4	14.0	12.6
Mother's Instilling Anxiety:				
Admin. 1	12.0	10.0	12.5	13.4
2	10.1	9.4	11.7	12.9
3	11.0	9.1	10.0	13.2
Mother's Withdrawal of Relations:				
Admin. 1	12.5	8.9	14.0	12.1
2	10.3	8.6	13.7	12.3
3	12.0	10.3	13.8	12.5
Mother's Extreme Autonomy:				
Admin. 1	13.6	13.6	12.0	13.1
2	14.3	14.0	11.8	12.9
3	16.4	14.9	12.3	12.1
Father's Acceptance:				
Admin. 1	32.2	43.2	32.2	38.5
2	35.0	44.8	35.0	39.9
3	35.6	41.0	30.8	40.2

Cont'd ...

TABLE 16 - Cont'd ...

VARIABLE	OLD EXPERIMENTAL		COMPARISON	
	Drinkers	Non-Drinkers	Drinkers	Non-Drinkers
Father's Rejection:				
Admin. 1	27.4	20.4	29.6	23.4
2	22.0	19.0	25.2	22.6
3	24.2	19.4	29.6	22.6
Father's Positive Involvement:				
Admin. 1	28.0	41.0	29.4	34.4
2	32.6	43.0	33.0	38.0
3	31.6	38.2	32.2	37.7
Father's Hostile Control:				
Admin. 1	35.4	24.4	30.6	27.1
2	28.8	23.4	29.2	26.5
3	24.4	21.4	29.0	25.9
Father's Acceptance of Individuation:				
Admin. 1	29.4	40.4	33.6	36.8
2	34.0	41.8	34.8	38.1
3	35.0	40.0	32.2	39.3
Father's Hostile Detachment:				
Admin. 1	30.2	18.4	29.6	23.3
2	25.0	18.0	28.8	22.5
3	24.2	19.4	31.6	20.7
Father's Child-Centeredness:				
Admin. 1	14.4	18.4	15.8	16.6
2	15.6	18.8	16.4	17.5
3	16.0	18.0	14.0	18.7
Father's Possessiveness:				
Admin. 1	14.6	14.0	15.0	13.1
2	15.0	14.0	14.2	14.0
3	13.0	15.0	14.0	15.0

Cont'd ...

TABLE 16 - Cont'd ...

VARIABLE	OLD EXPERIMENTAL		COMPARISON	
	Drinkers	Non-Drinkers	Drinkers	Non-Drinkers
Father's Control:				
Admin. 1	19.0	16.4	17.8	15.4
2	16.4	15.8	17.6	16.2
3	16.6	14.8	15.4	16.5
Father's Enforcement:				
Admin. 1	17.2	15.2	14.6	14.0
2	14.4	15.2	16.2	13.6
3	15.2	13.8	14.6	13.6
Father's Intrusiveness:				
Admin. 1	15.4	14.4	14.0	14.8
2	13.4	14.0	14.8	13.5
3	12.4	11.4	13.0	14.3
Father's Control Through Guilt:				
Admin. 1	12.2	10.4	12.2	12.9
2	13.2	8.8	11.2	12.9
3	12.4	9.0	12.8	11.8
Father's Inconsistent Discipline:				
Admin. 1	12.6	11.4	13.8	12.5
2	10.4	12.0	12.6	11.7
3	10.0	10.4	13.0	11.5
Father's Nonenforcement:				
Admin. 1	13.2	12.6	12.4	11.7
2	12.8	11.0	12.0	11.7
3	12.4	11.4	14.0	11.1
Father's Lax Discipline:				
Admin. 1	12.4	13.8	12.2	12.2
2	11.6	14.0	12.8	12.3
3	13.4	12.0	13.4	12.7

Cont'd ...

TABLE 16 - Cont'd ...

VARIABLE	OLD EXPERIMENTAL		COMPARISON	
	Drinkers	Non-Drinkers	Drinkers	Non-Drinkers
Father's Instilling Anxiety:				
Admin. 1	13.8	10.0	13.4	11.5
2	11.8	8.2	11.8	12.1
3	14.0	8.8	12.4	12.2
Father's Withdrawal of Relations:				
Admin. 1	12.8	9.6	13.8	11.8
2	11.8	8.6	11.8	11.9
3	11.8	11.6	14.0	11.5
Father's Extreme Autonomy:				
Admin. 1	12.6	14.0	14.0	12.9
2	13.6	14.2	13.6	12.6
3	16.8	16.2	14.0	12.6

that higher active listening scores were related to non-use of alcohol--basically the same as was observed in the T-test results.

Controlling for the age of the respondent child had little effect on the correlation in the comparison group but it did increase the coefficient in the old experimental group from .08 to .27. When both age of child and sex of responding parent were controlled for, the coefficient in the comparison group dropped from .45 to .39 and the one in the old experimental group increased very slightly from .27 to .29. An explanation for this differential effect among old experimentals and comparisons is offered after consideration of these same relationships at the time of follow-up.

The T-tests also revealed some significant differences in the baseline CRPBI means which will be discussed in terms of the Consolidated CRPBI scales. Among the comparisons, drinking children were significantly different from non-drinkers in Mother's Caring and Aloofness, while among the old experimentals, such differences were found in Mother's Caring, Father's Caring, Authoritarianism, and Aloofness (α = .05, two-tailed probability; α for F-value = .10). In both cases, all the differences were in the direction of more "positive" features (according to PCP standards) in the lives of the non-drinking children. That is, they gave their parents higher scores in desirable aspects such as caring, and lower ratings in undesirable features like authoritarianism and aloofness, than did the drinking children. Thus, it seems that the children who experimented with alcohol started out with a relationship with their parents that was not quite as good as that of the children who did not try drinking.

With the important role that children's age seemed to play in their drinking behavior, it was decided to compute partial correlations between the original baseline CRPBI variables and children's drinking, controlling for children's age.[7] These correlations can be seen in Table 17.

All correlations that are significant at $\alpha = .05$ are marked with an asterisk. Again using the consolidated CRPBI scales for discussion, drinking in the comparison group was found to be significantly correlated with Father's Authoritarianism and fairly strongly, though not significantly (i.e. with an r of .30 or more) related to Mother's Aloofness (higher scores associated with use). Not drinking was significantly correlated with Mother's Caring and strongly though not significantly related to Mother's Neurotic Control and Intrusiveness (high scores associated with non-use). In the old experimental group, none of the partial correlations reached significance, but several coefficients greater than $\pm .30$ in magnitude appeared. Drinking here tended to be related to both parents' Intrusiveness, Father's Aloofness, and Father's Authoritarianism, while not drinking was associated with both parents' Caring and Mother's Nonenforcement. It is interesting that some of the baseline parent characteristics connected with alcohol use in the children are not "negative" by PCP standards, nor are all the traits accompanying abstinence "positive." Nevertheless, identifiable and important differences in perceived conditions appear to exist between those families which contain a child who has tried drinking and those which do not. As will be demonstrated shortly, the PCP course appears to have effected a mean reduction in the "distance" between the two "types of families.

c) Children's Drinking in Relation to Changes in Active Listening Scores

T-Tests were also done within each group--i.e. comparison drinkers, comparison non-drinkers, old experimental drinkers, and old experimental non-

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[7] The identical analysis was repeated using follow-up CRPBI data. The results were so similar that they are not reported here.

TABLE 17

PARTIAL CORRELATIONS BETWEEN BASELINE CRPB1 VARIABLES AND CHILDREN'S DRINKING, CONTROLLING FOR CHILDREN'S AGE

VARIABLES CORRELATED WITH DRINKING	COMPARISON		OLD EXPERIMENTAL	
	r	2-tailed Signif.	r	2-tailed Signif.
Controlling for Age of Child:				
Mother's Acceptance (Caring)	*0.6967	0.008	0.3743	0.208
Mother's Rejection (Aloofness)	-0.5493	0.052	-0.0963	0.754
Mother's Positive Involvement (Caring)	0.3037	0.313	0.4421	0.130
Mother's Hostile Control (Authoritarianism)	-0.1320	0.667	-0.2402	0.429
Mother's Acceptance of Individuation (Caring)	0.4554	0.118	0.3587	0.229
Mother's Hostile Detachment (Aloofness)	-0.3824	0.197	-0.2896	0.337
Mother's Child-Centeredness (Caring)	0.1863	0.542	0.0276	0.929
Mother's Possiveness (Authoritarianism)	0.1396	0.649	-0.1498	0.625
Mother's Control (Authoritarianism)	0.0636	0.836	-0.0217	0.944
Mother's Enforcement (Authoritarianism)	-0.0915	0.766	0.1205	0.695
Mother's Intrusiveness	0.3030	0.314	-0.3762	0.205
Mother's Control Through Guilt (Neurotic Control)	0.4996	0.082	0.0310	0.920
Mother's Inconsistent Discipline	0.0711	0.818	0.2722	0.368
Mother's Nonenforcement	0.0230	0.941	0.2999	0.320
Mother's Lax Discipline	0.1075	0.727	0.2108	0.489
Mother's Instilling Anxiety (Neurotic Control)	0.3410	0.254	0.1817	0.553
Mother's Withdrawal of Relations (Neurotic Control)	-0.2114	0.488	-0.1161	0.706
Mother's Extreme Autonomy	0.1821	0.552	0.0379	0.902

Cont'd ...

TABLE 17 - Cont'd ...

VARIABLES CORRELATED WITH DRINKING	COMPARISON		OLD EXPERIMENTAL	
	r	2-Tailed Signif.	r	2-Tailed Signif.
Controlling for Age of Child:				
Father's Acceptance (Caring)	0.0909	0.779	0.5838	0.129
Father's Rejection (Aloofness)	-0.2528	0.428	-0.4661	0.244
Father's Positive Involvement (Caring)	-0.0631	0.846	0.6352	0.091
Father's Hostile Control (Authoritarianism)	-0.4940	0.103	0.5396	0.168
Father's Acceptance of Individuation (Caring)	0.0229	0.944	0.4996	0.207
Father's Hostile Detachment (Aloofness)	-0.1841	0.567	-0.6288	0.095
Father's Child-Centeredness (Caring)	-0.3200	0.3111	0.3301	0.425
Father's Possessiveness (Authoritarianism)	* -0.7198	0.008	-0.1500	0.723
Father's Control (Authoritarianism)	-0.3354	0.287	-0.1807	0.668
Father's Enforcement (Authoritarianism)	-0.2040	0.525	-0.1006	0.813
Father's Intrusiveness	-0.1670	0.604	-0.3322	0.421
Father's Control Through Guilt (Neurotic Control)	0.0309	0.924	-0.1792	0.671
Father's Inconsistent Discipline	-0.2220	0.488	0.1816	0.667
Father's Nonenforcement	-0.2447	0.443	-0.0580	0.891
Father's Lax Discipline	-0.0632	0.845	-0.0175	0.967
Father's Instilling Anxiety (Neurotic Control)	-0.2548	0.424	-0.1483	0.726
Father's Withdrawal of Relations (Neurotic Control)	-0.3337	0.289	-0.1476	0.727
Father's Extreme Autonomy	-0.1709	0.595	0.1995	0.636

* Significant at α = .05, two-tailed test of probability.

NOTE: Positive r = Higher scores correlate with abstinence.

Negative r = Higher scores correlate with use.

The names in parentheses refer to the Consolidated CRPBI scales which contain these original scales.

drinkers--on the differences in scores among the three administrations of the active listening form. Active listening was found to increase significantly (α = .001, two-tailed probability) from the first administration to the second among the old experimental parents, irrespective of children's drinking status, and to decrease significantly from the second administration to follow-up. However, there was no difference between first administration and follow-up; thus no lasting improvement could be said to have occurred in active listening among the old experimental parents.[8]

Pearson correlations were calculated between follow-up active listening scores and children's drinking. Although neither the comparisons nor the old experimentals produced a significant correlation here, the former group did have a coefficient of over 0.30. The direction of the coefficient was positive, indicating that higher scores in parental active listening at follow-up (as at baseline) were related to non-use of alcohol among the children. When the age of the child was controlled for, the correlation decreased somewhat among the comparisons and increased slightly (both by less than .1) among the old experimentals. When the sex of the responding parent was also controlled for, the correlation in the comparison group decreased even more (down to .17) and in the old experimental group, it increased to 0.32. (The latter change was over .1 in the magnitude).

The differential effect of the child's age and the parents' sex among old experimentals and comparisons on the relationship between active listening scores at follow-up and reported children's non-drinking may be explained, possibly, in terms of the course's effects. That is, among the old experimentals it appears that parents' active listening was more likely to transcend the effect of children's aging that it was among comparisons simply because the skill had reached a more highly developed stage among this group, at some point between the course and the time of follow-up. Further, among old experimentals it seems that parental active listening was more strongly related to children's non-drinking once parent sex was controlled for. Again, this suggests a masking effect in which higher levels of mother's active listening is associated with children's non-drinking while higher levels of father's active listening is associated with drinking. This, in turn, may be related to differential use of alcohol by mothers and fathers in this sample, although no firm evidence for this proposition can be adduced.

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[8] Readers may recall that significant changes in active listening did occur between baseline and follow-up in the case of the new experimentals who were excluded from the present analysis because the children of this group were found to use alcohol, tobacco, and drugs with such infrequency that comparisons based on their rates of use would have been meaningless.

d) Children's Drinking in Relation to Changes in Parental Drug, Alcohol, and Tobacco Attitudes

An attempt was also made to look at changes in parental drug, alcohol, and tobacco attitudes across the first two administrations in relation to children's drinking. According to T-tests, the only significant change ($\alpha = .05$, two tailed probability) was found in drug attitudes among old experimental parents of non-drinkers, although changes in drug attitudes among old experimental parents of drinkers approached significance. All changes consisted of a more positive attitude towards drugs at second administration than first administration.

Correlations between parental attitudes toward substances and children's drinking tended to bear out the T-test results. Table 18 reviews these correlations, controlling for child's age and sex of parent.

TABLE 18

PEARSON CORRELATIONS BETWEEN PARENTAL ATTITUDES TOWARDS SUBSTANCES AND CHILDREN'S DRINKING

VARIABLES CORRELATED WITH DRINKING	COMPARISON		OLD EXPERIMENTAL	
	r	2-Tailed Signif.	r	2-Tailed Signif.
Drug Attitudes (1st Admin.)	-0.1691	0.502	-0.0187	0.941
Alcohol Attitudes (1st Admin.)	-0.0893	0.725	0.1186	0.639
Tobacco Attitudes (1st Admin.)	0.0293	0.908	0.0400	0.875
Drug Attitudes (2nd Admin.)	-0.2904	0.242	0.2031	0.419
Alcohol Attitudes (2nd Admin.)	-0.2293	0.360	-0.0524	0.836
Tobacco Attitudes (2nd Admin.)	-0.1116	0.659	-0.0157	0.951
Controlling for Age of Child:				
Drug Attitudes (1st Admin.)	-0.0530	0.840	-0.1113	0.671
Alcohol Attitudes (1st Admin.)	0.0160	0.951	-0.0431	0.869
Tobacco Attitudes (1st Admin.)	0.0700	0.789	-0.1518	0.561
Drug Attitudes (2nd Admin.)	-0.1932	0.458	0.2852	0.267
Alcohol Attitudes (2nd Admin.)	-0.1185	0.651	-0.0165	0.950
Tobacco Attitudes (2nd Admin.)	-0.0948	0.717	0.0451	0.863
Controlling for Age of Child & Sex of Parent:				
Drug Attitudes (1st Admin.)	0.0481	0.860	-0.0747	0.783
Alcohol Attitudes (1st Admin.)	0.1535	0.570	-0.0365	0.893
Tobacco Attitudes (1st Admin.)	0.1814	0.501	-0.2115	0.432
Drug Attitudes (2nd Admin.)	-0.0748	0.783	0.3039	0.252
Alcohol Attitudes (2nd Admin.)	0.0506	0.852	-0.0499	0.854
Tobacco Attitudes (2nd Admin.)	-0.0731	0.788	-0.0063	0.982

NOTE: Positive r = Higher scores (more positive attitudes) correlate with abstinence.

Negative r = Higher scores (more positive attitudes) correlate with use.

It can be seen that, among the comparisons, a negative relationship appeared to emerge from the first to second administrations of the tests between parental drug attitudes and children's drinking (-0.16 to -0.29) but this was seen to be spurious on controlling for age of child and sex of parent (-0.07). In clear distinction, the positive relationship between old experimental parents' drug attitudes and children's drinking which was seen to emerge between first and second test administrations gained strength when age of child and sex of parent were controlled (0.20 to 0.30).

No clear reason for this phenomenon can be established, given the present data. However, it must be pointed out that there is no necessary contradiction between the increase in positive parental attitudes (or, perhaps more accurately, a decrease in negative attitudes) toward drug use and children's non-drinking as seen in the old experimentals. The relationship must be seen in the context of the PCP as a whole, just as the opposite relationship among the comparisons must be seen in the context of its absence. The overall impact of the PCP is in the area of improved family communication: as parents learn to understand their children better they learn to better comprehend the role that is played by certain activities in their children's lives. Drug and alcohol use are examples of such activities. A lessening of negative drug attitudes among parents may simply be a consistent trend when juxtaposed with improvements in how well they understand their children and in how favorably the latter perceive their parents.

If this is the case, it appears, too, that the relationship tends to be independent of the age of the children in the old experimental group. It seems also that in the same group, the effect of parental drug attitudes on children's drinking varies according to the sex of the parent. This is what accounts for an increase in the correlation when the effect of parent sex is controlled.

Nonetheless, at present, there seems to be no adequate explanation for the most noteworthy relationship having been between parental drug attitudes, as opposed to their alcohol attitudes, and children's drinking.

e) Children's Drinking in Relation to Changes in CRPBI Scores

It was of interest to learn whether the "drinking status" of children was associated with changes in their perceptions of their parents between baseline (1st Administration) and follow-up (3rd Administration) on CRPBI measures in both old experimental and comparison groups. T-tests were conducted for this purpose together with some other observations, reported below.

According to the T-tests lasting changes (those sustained between 1st and 3rd administrations) and delayed changes (those taking place between 2nd and 3rd administrations) took place more often among the "drinking" children of old experimentals than among any other group. Significant changes ($\geq .05$) took place among this group in their perceptions of Mother's Caring (Increase); Authoritarianism, Inconsistent Discipline, and Nonenforcement (Decrease). A similar decrease also took place in relation to Father's Hostile Control. Among the non-drinking children of old experimentals, a parallel significant increase was seen in Mother's Caring and a decrease in her Nonenforcement.

The comparisons manifest a somewhat different trend. Fathers of non-drinkers were perceived as becoming more caring but at the same time more authoritarian: mothers of drinkers were seen as becoming less authoritarian.

These results need to be reviewed in the context of information presented earlier (see Table 16) where it was observed that baseline differences, often of substantial dimensions, existed between the way in which children who "drank" perceived their parents and the way in which children who did not drink perceived theirs. This was true for both and Comparisons. It appears that, in the case of the old experimentals, the gap between the drinkers and non-drinkers was narrowed over time to a much greater extent than occurred in the comparison group. Indeed, in the latter group there is some evidence (though not statistically significant) that the gap between drinkers and non-drinkers in relation to Mother's Neurotic Control and Father's Caring, Aloofness, and Nonenforcement was greater at follow-up than at baseline. These phenomena of "convergence" and "divergence" do not appear readily from an inspection of the T-tests but are apparant from a visual inspection of changes in means and variance over time.

Exactly what familial, developmental process these data describe seems at present unclear: intuitively one is tempted to argue that the effects noted in the old experimentals are more benign than those seen in the case of the comparisons. Indeed, this is the position that the authors take up. It is not clear, however, why it is that drinking--or what drinking represents--among comparisons is so divisive, since that is what the results suggest. It is particularly bewildering when one remembers that, on the whole, the term "drinking" in this study refers to quite infrequent behavior. Nonetheless, a phenomenon of considerable interest and potential importance has presented itself. It appears that the significance of adolescent drinking varies in important ways according to the familial conditions under which it takes place or which form the background against which it takes place. It might be hypothesized, then, that knowledge of these conditions may one day help in predicting the probable drinking careers of young people exposed to them.

f) Children's Drinking and Parental Characteristics: Summary

Tables 19 and 20 provide a summary of the observations made so far about differences between drinking and non-drinking children and their parents in both the old experimental and comparison groups.

Certain general conclusions appear warranted.

(1) Family drinking practices (not only those of parents but also of other immediate family members) serve as a major modeling influence on children's own decisions about whether to experiment with the use of alcohol themselves. Indeed, much of this early drinking takes place in the home, with parents and family.

(2) The modeling effect referred to above can be potentiated by increases in the level of "positive" communication patterns in the family --in this case between children and their parents or perhaps one significant parent. Consequently, improvements in communication as developed by the PCP courses can be expected to potentiate both drinking and non-drinking models.

(3) There appear to be differences between communicative conditions found in families where children have experimented with alcohol and those where they have not. Families which contained children who had reported some drinking appeared to be less accepting and caring on the whole than families where this behavior was not reported. This held for both old experimental and comparison groups.

TABLE 19

GENERAL SUMMARY BASED ON CHILDREN'S DRINKING

DIFFERENCES IN BASIC INFORMATION AND BASELINE SCORES		
Item	Comparison	Old Experimental
Mean A-L Scores	Means significantly higher for non-drinkers than drinkers	No significant difference between drinkers and non-drinkers
Correlation between A-L and drinking:	Approached significance (r=.44)	No significant r
If age controlled for:	r remained same	r increased to .27
If sex of parent added:	r decreased to .39	r increased to .29
Attitudes towards substance use correlated with drinking:	No substantial correlation	No substantial correlation
If age controlled for:	No substantial correlation	No substantial correlation
If sex of parent added:	No substantial correlation	No substantial correlation
Less educated parents	Slight tendency to drink (42%)	Tended to drink (60%)
Small families (1 or 2 children)	Tended not to drink (86%)	No real difference
Nonprofessional jobs	Tended not to drink (64%)	Very slight tendency to not drink (41%)
Other family members drank	Tended to drink (41%)	Tended to drink (67%)
Other family members smoked	Tended not to drink (78%)	No real difference
CRPBI:		
M's Caring	Drinkers significantly lower than non-drinkers	Drinkers significantly lower
M's Aloofness	Drinkers significantly higher	--
F's Aloofness	--	Drinkers significantly higher
F's Caring	--	Drinkers significantly lower
F's Authoritarianism	--	Drinkers significantly higher

Cont'd ...

TABLE 19 - Cont'd ...

DIFFERENCES IN BASIC INFORMATION AND BASELINE SCORES		
Item	Comparison	Old Experimental
Correlations between CRPBI and drinking ($r \geq .30$), controlling for age of child:	M's Caring X not drinking	M's Caring X not drinking
	M's Neurotic Control X not drinking	F's Caring X not drinking
	M's Intrusiveness X not drinking	M's Nonenforcement X not drinking
	M's Aloofness X drinking	F's Authoritarianism X drinking
	F's Authoritarianism X drinking	F's Aloofness X drinking
	F's Caring X drinking	M's Intrusiveness X drinking
		F's Intrusiveness X drinking

TABLE 20

DIFFERENCES IN CHANGES OVER TIME AND FOLLOW-UP SCORES		
Item	Comparison	Old Experimental
Significant changes in A-L:	None	Increase from 1st to 2nd & decrease from 2nd to f-up, irrespective of drinking
Pearson r at follow-up between A-L & drinking:	r >+ .30, not significant (∴ higher scores, no use)	Low r
If age controlled for:	Small decrease in r	Small increase in r
If sex of parent added:	Decrease in r (.17)	Increase in r (.32)
Attitudes towards substance use at 2nd administration	No difference	Non-drinkers became significantly more positive towards drugs by Admin. 2 Drinkers had almost significantly similar change.
Correlations between attitudes towards substance use and children's drinking at 2nd administration:	r almost -.30 with drug attitudes (more positive attitudes relate to drinking)	Low r
If age controlled for:	r decreased to -.19	--
If sex of parent added:	--	r ≥ .30 with drug attitudes (more positive attitudes relate to abstinence)
Significant changes in CRPBI scores (1st administration to f-up)	Drinkers' mothers decreased in Authoritarianism. Non-drinkers' fathers increased in Caring and Authoritarianism	Drinkers' mothers increased in Caring, decreased in Authoritarianism, Incon. Father's decreased in Authoritarianism Non-drinkers' Mothers increased in Caring and decreased in Nonenforcement
Parents' Follow-up Interview Scores:		
CC, higher scores	Little difference in drinking	Tended to drink (64%)
PS, higher scores	Tended not to drink (71%)	Little difference in drinking
If age controlled for:		
CC, higher scores	Younger children don't drink (80%) Older: N=1	Younger children don't drink (80%) Older children drink: (83%)

Cont'd ...

TABLE 20 - Cont'd ...

DIFFERENCES IN CHANGES OVER TIME AND FOLLOW-UP SCORES		
Item	Comparison	Old Experimental
PS, higher scores	Younger children don't drink (80%) Older: N=0	Younger children don't drink (83%) Older children drink: (100%)
CC, low scores	Little difference for either age group	No difference for younger Older: N=0
PS, low scores	Little difference for younger Older children drink: (67%)	No difference for younger Older children drink: (100%)
Correlations between Parents' Interview scores and drinking:	Higher PS X not drinking r = .32)	No correlation
If age controlled for:	Higher PS X not drinking (r = .33)	No correlation
If family drinking added:	No correlation	Higher CC X not drinking (r = .36) Higher CC X not drinking (r = .30)
If family smoking added:	No correlation	Higher CC X not drinking (r = .35) Higher PS X not drinking (r = .29)

(4) Exposure to PCP skills appears to have reduced this differential between families with and without a child who drank, at least according to the children's own reports. No such convergence was found among comparisons.

IV APPENDICES

APPENDIX 1

COMBINED CRPBI SCALES

Caring

Acceptance

Positive Involvement

Acceptance of Individuation

Child-Centeredness

Aloofness

Rejection

Hostile Detachment

Neurotic Control

Instilling Anxiety

Control through Guilt

Withdrawal of Relations

Authoritarianism

Control

Enforcement

Hostile Control

Possessiveness

APPENDIX 2

COMPARISON OF FOLLOW-UP INTERVIEW FORMS AND TAPED FOLLOW-UP INTERVIEWS FOR BOTH PARENTS & CHILDREN

General Comments

Some of the parents and children in the study not only completed a written Interview Form designed to elicit information about the actual use of PCP-taught skills in specific problem situations but also had a person-to-person interview which followed the same format as the forms and which was recorded on tape. Both the written responses and tapes were scored by the same researcher following the same code book and criteria. The comparison of the two sets of scores as well as the scorer's impressions of the tapes made possible some comments on the completeness and accuracy of the written responses (which were the ones used in all the calculations and descriptions in the text of the report). They also provided an idea of the role of personal interviews in this type of study.

Only those tapes which were audible were scored. However, many of the other tapes were also difficult to understand due to factors such as poor volume or static. In particular, the subjects' words tended to be lost, probably because he or she sat farther from the microphone than did the interviewer. Luckily for the scorer, the interviewer frequently used active listening in her interactions with the subjects and thus basically repeated much of what the subjects said.

The interviewer usually adopted one of two approaches, depending on the circumstances. In the first instance, the subject had already completed the written form. Here the interviewer read part or most of the responses back to the subject, perhaps eliciting elaboration in places (especially on the chosen problem situations) or commenting on the answers (e.g. "Good - so you were satisfied with the way you handled it"). In the second case, the subject had not yet completed the interview form and the interviewer's task was to explain what was desired, elicit relevant sample problems, and ask the prescribed questions about each of these problems. As the subject responded, the interviewer paraphrased the response, waited for agreement and then recorded the answer. In this way she made quite certain that what she wrote corresponded in meaning, though perhaps not in actual words, to what the subject intended to say.

At times the subjects elaborated more in the interview than was revealed on the forms, mentioning past and present ways of dealing with the problem being discussed and letting slip indications of feelings and reactions which did not reach paper. At other times, the subjects were sidetracked into aspects of their problems not relevant to the questionnaire. This was a problem in scoring the tapes; it was also a difficulty when the forms remained incomplete as a result of these digressions. Sometimes the tapes provided an overall impression and general feeling about the relationships in the family, which, though not codable in the framework of this study, were useful in supplying an "off the record" picture of how the skills operated with special problem children (other than the target child of the study), and in hinting at what went on in families where the subjects were unable to present any specific problems for discussion in the interview. Certainly this type of information must have left the interviewer herself with a strong feeling about the quality of family interactions there.

Of the respondents, parents were generally more verbal than children. The latter often had to be prodded into answering and the listener got the impression they were not really involved or sure of what they were agreeing with. On the other hand, there were children who elaborated in great detail on their chosen problem, giving many illustrations of their predicament. Children did not tend to volunteer expressions of feelings related to their problems. Sometimes they seemed not to understand what "feelings" meant and the interviewer had to indicate possible choices (e.g. mad, sad, happy) as an answer to the "what do you feel" questions.

The final part of the parents' Interview Form contained some questions on the PCP courses themselves and on the parents' experiences with the skills taught therein. The taped interview with the experimental subjects also covered this material. In both cases, the remarks were all favorable towards the course and differed little in content, except that the responses in the person to person interview were often more detailed. What did seem to appear more frequently in the interviews than in the written forms were volunteered comments about the situation in families where the mother had taken a PCP course and the father had not. Some mothers observed that their husbands now sent the children to them to deal with any problems, as they (the mothers) seemed better able to handle the situation. Others remarked on the change into a more relaxed person and mother which their husbands had perceived in them. Still others related how their husbands had felt negatively about the course and had been opposed to it.

Scoring Differences Between Forms and Taped Interviews

Because of the poor quality of some of the tapes and the digression from the prescribed interview questions, the face to face interviews had considerably more situations which had to be coded as "insufficient information" than did the written forms. In this sense, one could say that the written forms were a more complete and dependable source of information than the taped interviews.

In general, the contents of the two methods of interviewing were very similar, with either more or less relevant detail in the taped interview. The following tables describe how the scores given to the two compared.

COMPARISON OF INTERVIEW FORM AND TAPED INTERVIEW

(a) Scores Remaining the Same in Form and Interview*

Parents:		% of Scores Same in Both
Comparison	A-L (very few cases: N=1)	100.0%
	C-C	60.0%
	P-S	76.9%
Experimental (Old & New)	A-L (very few cases: N=3)	33.3%
	C-C	63.4%
	P-S	87.8%
TOTAL PARENTS	A-L	50.0%
	C-C	62.5%
	P-S	85.2%
	All situations	72.8%

Children:

Comparison	A-L	58.3%
	C-C	100.0%
	P-S	100.0%
Experimental (Old & New)	A-L	73.0%
	C-C	58.8%
	P-S	88.2%
TOTAL CHILDREN	A-L	69.4%
	C-C	69.6%
	P-S	91.3%
	All situations	74.7%

* Uses only those scores above 0 or "Insufficient evidence."

A-L = Active Listening; C-C = Constructive Confrontation; P-S = Problem-Solving

COMPARISON OF INTERVIEW FORM AND TAPED INTERVIEW

(b) Scores which Indicate Presence of Skill in One Measure and Absence in the Other*

		Absent in Form, Present in Tape	Present in Form, Absent in Tape
Parents:			
Comparison	C-C	20.1% (N=3)	0.0% (N=0)
	P-S	15.4% (N=2)	0.0% (N=0)
Experimental (Old & New)	C-C	19.2% (N=8)	0.0% (N=0)
	P-S	0.0% (N=0)	4.8% (N=2)
TOTAL PARENTS	C-C	19.8% (N=11)	0.0% (N=0)
	P-S	3.7% (N=2)	3.7% (N=2)
	All situations (including A-L)	12.6% (N=14)	1.8% (N=2)
Children:			
Comparison	A-L	0.0% (N=0)	8.3% (N=1)
	C-C	0.0% (N=0)	0.0% (N=0)
	P-S	0.0% (N=0)	0.0% (N=0)
Experimental (Old & New)	A-L	2.7% (N=1)	2.7% (N=1)
	C-C	0.0% (N=0)	11.8% (N=2)
	P-S	5.9% (N=1)	0.0% (N=0)
TOTAL CHILDREN	A-L	2.0% (N=1)	4.0% (N=2)
	C-C	0.0% (N=0)	8.7% (N=2)
	P-S	4.3% (N=1)	0.0% (N=0)
	All situations	2.2% (N=2)	4.4% (N=4)

*Uses only scores above 0 or "Insufficient evidence."

A-L = Active Listening; C-C = Constructive Confrontation; P-S = Problem Solving

As can be seen, scores for Problem-Solving were the most likely to be the same in the form and the person-to-person interview, for both parents and children. The most impressive consistency was among the comparison children on both constructive confrontation and problem-solving (comparison parents' active listening could be ignored as only one subject was involved). Perhaps this was due to the large number of comparison children's responses which unquestionably merited a score of 1. Overall, stability in scores never dropped below 50% (excluding parents' active listening where the N was very small) and remained above 75% in half of the 10 remaining combinations of group and situation. The average consistency rate was 72.8% for parents (including active listening) and 74.7% for children.

Although the average percentages of identical scores were reasonably high, some of the individual percentages did not seem that impressive. The majority of differences, however, consisted of only one point and remained on the same side of the hypothetical middle point which divided the indications of the presence of a skill from the indications of the absence of the skill. The differences which did cross this middle point were the most critical as they implied that the forms and tapes did not agree on even the possibility of the skill existing. Out of the 10 group-situation combinations, six or 60% had under 10% of such critical differences. Only one surpassed 20% (but by only .1%). Note, however, that the percentages reflected very small actual numbers of subjects. In general, the parents were considerably more likely to receive contradictory scores than the children, perhaps partly as a result of the greater unspecificity of their interview guidelines and the consequent increased dependence on personal judgment in scoring. More of the critical differences among the parents favored the tapes as indicating the presence of the skills. Among the children this tendency was reversed, but the percentages were very small. On the whole it was found that the face-to-face interviews had somewhat greater likelihood of eliciting higher constructive confrontation scores than the corresponding written responses. However, the opposite was true for active listening and problem-solving, though to a lesser extent.

One thing which was omitted from the two tables was the occurrence of a few cases in which a situation was treated as active listening in the tape and as constructive confrontation in the form, or vice versa. In defense of the coder, though, she had usually noted the dilemma already when scoring the questionnaires and simply made the opposite choice while scoring the interview.

The differences in scores between form and tape could be primarily attributed to two factors. First, the personal interview may have actually contained new or additional information which shed a somewhat different light on the handling of a specific problem. Or, it might have omitted or blurred a crucial response, the presence of which would have rendered the taped interview comparable to the written form. Secondly, the coder may have perceived the situations as meriting different scores on different occasions. After all, a considerable amount of personal judgment was involved in the scoring, and it is not surprising that some variation over time would occur. Obviously, reliability can be something of a problem with measures that depend to any extent on the coder's perception. After comparing the actual situations where differences in scores appeared, however, the coder felt that in most cases she would have been satisfied in retaining the scores originally given to the written responses.

In conclusion then, it was regarded that the written forms by themselves were a valid and adequate measure of the type of family interactions. This was especially so since the person-to-person interviews actually referred heavily to the completed forms or were used to answer unfinished forms. However, this did not mean the personal interviews were useless. Obviously they played an important role in obtaining completed forms from subjects who did not know how to approach the task of filling out the questionnaire. They allowed the interviewer to double check the sometimes rather cryptic answers found in the forms. Although this did not seem to have occurred, the interviewer could have reviewed the tapes later, thereby filling in gaps in the forms. These functions argue for the continuation of taped personal interviews in such studies, but only in conjunction with the written forms. Reliance on the tapes alone is not advised, primarily because of the unpredictability of the quality of the sound, the length of time required for proper coding, and the fact that some subjects might refuse to be taped but would not object to writing answers. The tapes would be mostly a helpful tool for the interviewer--something she can refer back to if necessary to assist in providing the maximal completeness in the written forms.

The comparison of the tapes and forms also brought about some suggestions for future improvements in the interview approach. For one thing, the Parents' Interview Forms should be modified to include more specific questions that would more accurately tap the presence or absence of skill use in the home. The type of questions in the Children's Form could be an example. For another thing, the interviewer could perhaps contribute a statement concerning her own general impressions of the family in a special space on the forms. This would be especially valuable if the interviewer was familiar with the elements being searched for via the interview, and could comment on whether or not she considered them to be present.

APPENDIX 3

Types of Problems Listed by Children and Parents in the Interview Form

A record was kept of the kinds of problems and situations mentioned by the children and parents in the follow-up interviews, as examples from which to determine the presence or absence of the three skills. In the children's interviews, situations deemed appropriate for analysis in terms of active listening included, in order of decreasing frequency, trouble with brothers and sisters; the question of staying out; the controversy over dress and problems in school; boyfriend-girlfriend situations; homework (quantity and quality), and homework (specific questions) tied for fifth place in terms of frequency. When comparisons and experimentals (old and new experimentals combined) were looked at separately, the order of the first three problems remained the same. The comparisons, however, had homework (quantity and quality) and school as the fourth and fifth most frequent problem areas respectively while among the experimentals, school and boyfriend-girlfriend situations occupied these positions.

Still in the children's interviews, problems analyzed for constructive confrontation included, again in order of decreasing frequency, tidiness of room, dress and staying out (which tied for second place), trouble with brothers and sisters, and homework (all types of difficulties). Both comparisons and experimentals, when considered separately, mentioned tidiness of room as the most frequent problem. Comparisons followed that with staying out, dress and trouble with brothers and sisters, while among the experimentals, second place was shared by dress and trouble with brothers and sisters, with homework difficulties (all types) falling into third place.

The parents' interviews did not present many cases of active listening situations, but among the few situations that were mentioned, trouble with brothers and sisters was the most common topic. In situations considered to be suitable for constructive confrontation trouble with brothers and sisters, tidiness of room, and homework (quantity and quality) came up most frequently (again in order of decreasing frequency); school and dress shared fourth highest frequency. Among the experimentals alone, everything remained the same except that fourth place was shared by school and cigarettes. Comparisons indicated trouble with brothers and sisters, homework (quantity and quality), tidiness of room, and dress (in that order) as their major concerns.

It is interesting to note that there were some differences in what the parents and children saw as problems worth discussing in the interviews. For example, dress and staying out were typically seen as problems only by children. Both parents and children recognized trouble with siblings to be an area of difficulty. Homework and tidiness of room were mentioned by both parents and children, but there seemed to be more consensus on the former among the comparisons, and more consensus on the latter among the experimentals.

There also appeared to be some differences in the way the children and parents perceived and recalled the various types of problems. For example, children frequently saw the brother-sister problem as their own problem and sought help with it. Parents, however, often tended to see it as an irritation that had to be dealt with by confronting or punishing. Children went to their parents for advice in dealing with trouble with siblings, dissatisfaction with rules about staying out and about appropriate dress, and school problems.

However, they remembered their parents confronting them most about tidiness, as well as about three of the things the children themselves also recognized as problem areas -- dress, staying out, and sibling trouble. In the parents' opinions, confrontation occurred most often over brother-sister difficulties, tidiness, and homework. Quite probably, both parents and children tended to recall most the problems that caused them greatest personal discomfort or anxiety.

V REFERENCES

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